

# Advisory Committee on Tax Exempt and Government Entities - Membership Application

Please complete this application and return it to the following address on or before November 25, 2005.

Internal Revenue Service  
Tax Exempt and Government Entities  
1111 Constitution Avenue, NW  
SE:T:CL/Penn Bldg  
Attn: Steven J. Pyrek  
Washington, DC 20224

You may also fax your application to: **202-283-9956**

## PART I

Name	Maiden name or other name(s) used and date(s) <i>(required for FBI check)</i>		
Home Address		Home telephone number	
City	State	ZIP Code	
Date of birth <i>(required for FBI check)</i>		City and State of Birth <i>(required for FBI check)</i>	
Business name			
Business address		Job title	
City	State	ZIP Code	
Business telephone number	Business FAX number	E-mail address	

## PART II

Please complete the attached tax check waiver form.

## PART III - Desired Skills and Qualifications

Please submit a short (one or two page) statement, including recent examples, addressing your specific skills and qualifications as they relate to the following:

- Applying tax law knowledge related to employee plans, exempt organizations, government entities, or tax exempt bonds.
- Experience in business management and improvement.
- Experience establishing successful strategic partnerships.
- Ability to examine issues from a "macro" viewpoint, and effectively communicate your views and recommendations about these issues.

## PART IV

Please attach a copy of your resume, to include any prior Treasury and/or IRS employment. Please state position(s), title(s), and dates of employment. In addition, please list professional credentials, membership in professional organizations, and local liaison activities with IRS, if applicable.

## PART V

Have you ever been a member of the Internal Revenue Service Advisory Council (formerly known as CAG), Art Advisory Panel, Electronic Tax Administration Advisory Committee, Information Reporting Program Advisory Committee, or any other government liaison group? If so, please include dates of membership. Please provide your answer below:

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## PART VI

I certify that to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

Signature	Date
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### PRIVACY ACT STATEMENT

The Privacy Act of 1974 requires that when we ask you for information about yourself, we state our legal right to do so, tell you why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for the information is Public Law 92-463 and Executive Order (E.O.) 9397. We are asking for the information in order to perform Federal income tax, FBI, and practitioner checks as required of all members and applicants to the Advisory Committee on Tax Exempt and Government Entities (ACT).

Supplying the information is voluntary and not directly required by law, but facilitates the processing of your application for membership in the IRS Advisory Committee on Tax Exempt and Government Entities. Requesting your social security number, which is solicited under authority of E.O. 9397, is also voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it. However, not providing all or any part of the information may limit consideration of your application.

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## Tax Check Waiver

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I am signing this waiver to permit the Internal Revenue Service (IRS) to release information about me which would otherwise be confidential. This information will be used in connection with my application for/appointment to/membership in the IRS Advisory Committee on Tax Exempt and Government Entities (ACT). This waiver is made pursuant to 26 U.S.C. 6103(c).

I request that the IRS Office of Government Liaison and Disclosure release the following information to the appropriate IRS officials, including but not limited to the Commissioner, Tax Exempt and Government Entities.

### **Check One:**

1. Have I failed to timely file a Federal income tax return by the required due date (determined with regard to any extension(s) of time for filing) for any of the last three years for which filing of a return might have been required? (NOTE- If the filing date [without regard to extensions] and normal processing period for the most recent year's return has not yet elapsed on the date IRS receives this waiver, and the IRS records do not indicate a return for the most recent year, the "last three years" will mean the three years preceding the year for which returns are currently being filed and processed.) ☐ No ☐ Yes
2. Have I failed to pay any tax, penalty, or interest liability during the current or last three calendar years within 10 days of the date on which the IRS gave notice of the amount due and requested payment? ☐ No ☐ Yes
3. Am I now or have I ever been under investigation by the IRS for possible criminal offenses? ☐ No ☐ Yes
4. Has any civil penalty for fraud been assessed against me during the current or last three calendar years? ☐ No ☐ Yes
5. If a return for any of the last three years was not filed, please explain why. If there was insufficient income to meet filing requirements or filing requirements were met by filing with a foreign tax agency (e.g., *Puerto Rico or the Virgin Islands*), please describe the circumstances on page 2. ☐ No ☐ Yes

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Names and Addresses shown on last three returns (if different from the information shown on page 2).

Year	Name(s)	Address
1. 20__	_____	_____
	_____	_____
2. 20__	_____	_____
	_____	_____
3. 20__	_____	_____
	_____	_____

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If you answered "Yes" to any or all questions on page 1, please explain below.

I authorize the IRS to release any additional relevant information necessary to respond to the questions above. To help the IRS find my tax records, I am voluntarily giving the following information *(please type or print)*:

Name	Social Security Number	
Home Address		
City	State	ZIP Code
Home telephone number	Business/Work telephone number	

**If married and filing a Joint Return**

Spouse's Name	Social Security Number
Signature	Date
<i>(If married and filing a Joint Return - Spouse's Signature.)</i>	<i>(This consent is valid only if received by the IRS within 60 days of this date.)</i>
Signature	Date
<i>(Signature of the applicant authorizing the disclosure of confidential tax information.)</i>	<i>(This consent is valid only if received by the IRS within 60 days of this date.)</i>

**PRIVACY ACT STATEMENT**

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If you do not provide us with this information, it may adversely affect our ability to consider you. Any adverse information will be shared with the appropriate IRS office(s) and may be disclosed to other federal agencies as required by law. Requesting your Social Security Number, under authority E.O. 9397, is also voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it.