

Application for Security Summit Membership

You may fax your application to: 855-811-8020

Or send by mail to:

Internal Revenue Service National Public Liaison
Room 7559 CL:NPL
1111 Constitution Ave, NW
Washington, DC 20224

Part I: Applicant Information

Agency/Organization Name

Agency/Organization Address

City

State

ZIP Code

Business Phone

Contact Name

Address

City

State

ZIP Code

E-mail Address

Phone

Job Title

Part II: Required Criteria and Qualifications

Please see the attached membership criteria document to determine the appropriate categorization which best aligns with your agency or organization and submit a short (one to two page) statement (Statement of Interest) describing your agency's or organization's role, mission and functional responsibilities within the tax ecosystem. Also indicate your expectation of the Security Summit including your anticipated contribution and benefits expected. This application is to be signed by the Head of Agency/Senior Executive of the respective Agency/Organization.

Please select the membership category you are applying for:

State/City

Software Developer/Electronic
Return Originator (ERO)

Financial Services

Payroll Reporting Agents

Endorsing Organization

Other

Part III: Applicant Signature

I certify that to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith. I have read, understand and attest that my agency/organization meets the criteria required for Security Summit membership. I agree to immediately notify the designated IRS Official when adding or removing representatives from our organization/agency participating in Security Summit activities.

Print Name

Title

Signature

Date