Form **12339** (April 2024)

Department of the Treasury - Internal Revenue Service

Internal Revenue Service Advisory Council Membership Application

OMB Number 1545-1791

Complete this application and submit it no later than *Close of Business* on <u>May 31, 2024</u>, to <u>publicliaison@irs.gov</u>. You may also FAX your application to: 855-811-8021.

PART I – Applicant Information (S	ome of the information req	uested in Part I is red	quired to perform an	FBI background check)	
Name	Maiden name or other	Maiden name or other name(s) used		Date(s) names were used	
Home street address			Home telephone number		
City		State		ZIP Code	
Date of birth (mm-dd-yyyy)	City of birth	City of birth		State of birth	
Business name					
Business address			Job title		
City		State		ZIP Code	
Business telephone number	Business FAX numb	usiness FAX number Email add		ress	
Which of the following best describes you Large Business & International taxp Tax Exempt & Government Entities Information Reporting	payers	Small Business Individual Wag	s/Self-Employed taxple & Investment taxple x Administration	•	
PART II – Desired Skills and Qual	ifications				
Submit a short (one or two page) statement following:	nt, including recent exampl	es, addressing how	your skills and qualifi	cations relate to any of the	
• Experience applying tax law knowledge	ge in the resolution of comp	olex tax issues			
• Experience examining issues from a	macro viewpoint and effect	ively communicating	recommendations		
• Experience working with third-party in	dividuals or organizations	who interact with the	IRS on behalf of tax	payers	
• Experience working in a multi-cultural	/multi-lingual environment				

PART III – Applicant Resume

Experience in online services for tax professionals and user experience design

Attach a copy of your resume, including prior Treasury and/or IRS employment. State position(s), title(s), and dates of employment. In addition, list professional credentials, membership in professional organizations, and local liaison activities with IRS, if applicable.

Have you ever been a member of the Internal Revenue Service Advisory Council Art Advisory Panel, Electronic Tax Administration Advisory Committee, Taxpaya and Government Entities or Information Reporting Program Advisory Committee dates of membership.	er Advocacy Panel, Advisory Commi	ittee on Tax Exempt	
Council/Committee Name	Dates of Membership	Dates of Membership	
PART V – Consent to Disclose Tax Compliance Check			
Upon submitting Form 12339 to the IRS, the applicant will receive via email For The applicant must submit Form 14767 in order to complete the application pro-		Compliance Check.	
$\hfill \Box$ By checking this box, I am requesting that the IRS Office of National tax check.	Public Liaison share with me the	results of my	
PART VI – Applicant Signature			
I certify that, to the best of my knowledge and belief, all of my statements are true	ue, correct, complete and made in g	ood faith.	
Applicant signature	Date	signed	
Privacy Act and Paperwork Reduc	tion Act Notice		
The Privacy Act of 1974 requires that when we ask you for information about yourself, we and how it will be used. We must also tell you what could happen if we do not receive it, a benefit, or mandatory. Our legal right to ask for the information is Public Law 92-463 and in order to perform Federal income tax, FBI, and practitioner checks as required of all me Council.	and whether your response is voluntary, i Executive Order (E.O.) 9397. We are asl	required to obtain a king for the information	
Supplying the information is voluntary and not directly required by law, but facilitates the particle Advisory Council/Committee. Requesting your social security number, which is solicited us benefit, or privilege provided by law will be denied as a result of refusal to disclose it. How consideration of your application.	ınder authority of E.O. 9397, is also volur	ntary and no right,	
We ask for the information on this form to carry out the Internal Revenue laws of the Unite it to ensure that you are complying with these laws and to allow us to figure and collect th information requested on a form that is subject to the Paperwork Reduction Act unless the relating to a form or its instructions must be retained as long as their contents may become Generally, tax returns and return information are confidential, as required by section 6103 depending on individual circumstances. The estimated average time is shown below. The approved under OMB control number 1545-1791.	e right amount of tax. You are not require form displays a valid OMB control number material in the administration of any Institute time needed to complete and file the estimated burden for all other taxpayers	ed to provide the ber. Books or records iternal Revenue law. his form will vary	
Preparing, copying, assembling, and sending the form to the IRS 1 I	nour, 30 mins.		

PART IV - Previous IRS Council/Committee Membership

see the return address on the form.

Catalog Number 28320P www.irs.gov Form **12339** (Rev. 4-2024)

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, 1111 Constitution, Ave, NW, Washington, DC 20224. Do not send the form to this address. Instead,