Tax Check Waiver

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 Council/Committee. 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 Director, National Public Liaison.

1.	Check One: ☐ 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?					
3.	Am I now or have I ever been under investigation for a misdemeanor or possible criminal \square No \square Yes offenses?					
4.	Has any civil penalty for fraud been assessed against me during the current or last three No Yes calendar years?					
5.	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.					
Names and Addresses shown on last three returns (if different from the information shown on page 2).						
	Year 1. 20	Name(s)	Address			
	2. 20					
	3. 20					

If you answered <u>"Yes"</u> to any or all questions on page 1, please explain below.					
,	F				
I authorize the IRS to release any additional relevant info To help the IRS find my tax records, I am voluntarily givin					
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				
(If married and filing a Joint Return - Spouse's Signature.)	(This consent is valid only if received by the IRS within 60 days of this date.)				
Signature	Date				
(Signature of the applicant authorizing the disclosure of confidential tax information.)	(This consent is valid only if received this date.)	by the IRS within 60 days of			
PRIVACY ACT STATEMENT					

The Privacy Act of 1974 requires that when we ask you 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 you for the information is 5 U.S.C. 301 and Executive Order (E.O.) 9397. We are asking for this information to determine your suitability as an employee (direct hire or contracted), consultant or advisor of the Internal Revenue Service.

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 why law will be denied as a result of refusal to disclose it.