expected to attend and pay their own way to four subcommittee meetings each year; these meetings are generally held in Washington, DC or New York, NY.

The IRS is interested in representation from different areas of the payer community (e.g., banking, data processing, mutual funds, securities, life insurance, public accounting, payroll, and state & local government, etc.). Anyone wishing to be considered for membership on IRPAC should so advise the IRS. Please complete the following application questionnaire (or a facsimile thereof prepared on a word processor), and forward it to Ms. Kate LaBuda of the Office Payer Compliance, at the address below.

ADDRESSES: Internal Revenue Service, CP:CO:SC:P, 1111 Constitution Avenue, NW., room 2013, Washington, DC 20224.

DATES: Completed questionnaires (or facsimiles) should be received by IRS no later than June 30, 1995. Questionnaires received after this date will not be considered. An acknowledgment letter will be sent upon receipt.

FOR FURTHER INFORMATION CONTACT: Kate LaBuda at 202–622–3404 (not a toll-free number).

Dated: April 19, 1995.

Larry Faulkner,

Director, Office of Payer Compliance, Service Center Compliance.

Information Reporting Program Advisory Committee Membership Application Questionnaire

The following questions must be answered by anyone interested in becoming a member of the Information Reporting Program Advisory Committee (IRPAC). Applications (or facsimiles produced on a word processor) must be received at the address listed below by June 30, 1995. Those received after this date will not be considered. All applications received will be acknowledged. Questions may be directed to Kate LaBuda at 202–622– 3404.

- Ms. Kate LaBuda, CP:CO:SC:P, Service Center Compliance, Internal Revenue Service, Room 2013, 1111 Constitution Avenue NW., Washington, DC 20224.
 - 1. Name:
 - 2. Title:
 - 3. Company or Organization Name:
 - 4. Business Address:
 - 5. Business Phone:
 - 6. Fax Number:
 - 7. Home Address:
 - 8. Home Phone:

9. If you are applying on behalf of an organization or association other than

your employer, please state the name, and address of that organization. Also, provide a letter of reference from that organization stating that you are nominated on their behalf. This letter should contain the name of a contact and this contact's phone number.

10. List professional credentials (e.g., Ph.D., CPA, Enrolled Agent, Attorney, Accountant, etc.)

11. Check the *one* segment of the Information Reporting Program (IRP) payer community to which the organization that you represent, and your experience, most closely relate:

J 1	
	Real Estate
	Transmitter/Forms
Developer	
Developei	Software Developer
	Insurance: Property &
Convolter	insurance. I toperty &
Casualty	I
	Insurance: Life
	Securities
	Mutual Funds
	Payroll
	State & Local Government
	Corporate Compliance
	Small Business
Compliance	Sinan Dusiness
compliance	Dublic Accounting
	Public Accounting
	Employee Plans
	Trust Company
	Corporate Transfer Agent/
Utilities	
	Large Financial
Institution	8
montation	Small Financial
Institution	Sinan Financiai
institution	
	Other (Please specify.
)

12. List the number of years of IRPrelated experience you have, and specific sources of this IRP experience. (Account for all years of IRP experience claimed.)

13. Identify organizations to which you belong and any relevant leadership positions you have held.

14. List any previous IRS employment (please state position/s, title/s, and length of time in each position):

15. Please propose two topic ideas that you feel would be appropriate for discussion by IRPAC. Include a short description (two sentences) of each topic.

THE FOLLOWING THREE ITEMS ARE REQUIRED FOR AN FBI NAME CHECK.

16. Date of Birth:

17. Place of Birth:

18. Other names ever used:

THE FOLLOWING ITEMS ARE REQUIRED FOR AN IRS TAX CHECK. (PLEASE NOTE THAT A TAX CHECK IS NOT A TAX AUDIT.)

I hereby authorize the Internal Revenue Service to perform the standard Federal Advisory Committee member tax check, (pursuant to 26 U.S.C. 6103; 5 U.S.C. 1303; Executive Orders 9397, 11222, 10450; CFR 5.2; 31 CFR Part O, Treasury Department Order Nos. 82 (Revised) and 150–87) and to provide this information to the Assistant Secretary (Administration) of the Treasury Department.

I understand that the purpose of such tax check and income tax filing record check is to promote public confidence in the integrity of the Treasury Department and its administration of the Federal tax system. I have been advised that my Social Security Number is required to identify my tax records accurately. I also understand that this tax check must be completed prior to my appointment to this Federal Advisory Committee and I hereby voluntarily provide the following information:

19. Social Security Number:

20. Spouse's name and SSN (if married and filing jointly):

21. Name(s) and address(es) under which tax returns were filed for the past three years.

THE FOLLOWING ITEM IS REQUIRED BECAUSE OF THE FOREIGN AGENTS REGISTRATION ACT (FARA), AS AMENDED.

22. I presently _____ am / ____ am not required to register as an agent of a foreign principal under FARA, as amended.

Note: Pursuant to 18 U.S.C. sec. 219, an individual who is required to register as an agent of a foreign principal under FARA is prohibited from serving on IRPAC. By executing this questionnaire, you agree that (1) if you are required to register as an agent of a foreign principal under the FARA before your term commences on IRPAC, you will terminate any and all such agencies prior to beginning your tenure and will provide appropriate verification therefor; and (2) you will immediately resign from IRPAC if you become such an agent at any time during your term.

Certification

23. 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 also agree to the background checks set forth herein.

Signature

Date

[FR Doc. 95–10764 Filed 5–1–95; 8:45 am] BILLING CODE 4830–01–U