



**REGISTRATION FORM FOR
IRS TAXPAYER EXPERIENCE OFFICE
IRA/CHIPS CLEAN CREDITS PRE-FILING REGISTRATION
FOCUS GROUPS**

Session Date (Choose from menu – all times are 12:30pm Eastern)	
Your Name (First Last)	
Your Tax Professional Organization	
Your State (2 letter abbreviation)	
Your Email Address (name@domain)	
Your Phone Number w/ Area Code (xxx) xxx-xxx	