

Form <b>13424</b> (August 2014)	Department of the Treasury - Internal Revenue Service <b>Low Income Taxpayer Clinic (LITC)</b> <b>Application Information</b>	OMB Number: 1545-1648 Expiration Date: 12/31/2021
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**Grant Period Request** (Check one)

<input type="checkbox"/> New application	<input type="checkbox"/> Single year	<input type="checkbox"/> Multi-year
<input type="checkbox"/> Non-Competitive continuation	<input type="checkbox"/> Second year	<input type="checkbox"/> Third year

Grant amount requested (maximum \$100,000)

**Applicant Information**

Legal name of sponsoring organization

Prefix

Last name

First name

Middle initial

Suffix

Title

Phone number

FAX number

Email address

**Applicant's Mailing Address**

Street

Street address line 2

City

State

ZIP + 4 code

**Clinic Information**

Name of clinic

Public telephone number

Toll-Free telephone number (if applicable)

FAX number

Website address (if applicable)

Languages served in addition to English

**Clinic Street Address**

Street

City

State

ZIP + 4 code

**Clinic Mailing Address**

Street	City
State	ZIP + 4 code

**Clinic Director Information**

Prefix	Last name		
First name	Middle initial	Suffix	
Telephone number	Email address		

Licenses/Certifications (*Check all that apply*)☐ Attorney ☐ CPA ☐ Enrolled Agent ☐ Other**Qualified Tax Expert (QTE)**

Prefix	Last name		
First name	Middle initial	Suffix	
Telephone number	Email address		

Licenses/Certifications (*Check all that apply*)☐ Attorney ☐ CPA ☐ Enrolled Agent ☐ Other**Qualified Business Administrator (QBA)**

Prefix	Last name		
First name	Middle initial	Suffix	
Telephone number	Email address		

**Tax Compliance Officer**

Prefix	Last name		
First name	Middle initial	Suffix	
Telephone number	Email address		