

Form 13424-J (September 2014)	Department of the Treasury - Internal Revenue Service <h2 style="text-align: center;">Detailed Budget Worksheet</h2>	OMB Number: 1545-1648 Expiration Date: 12/31/2021
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Name of Low Income Taxpayer Clinic <div style="border: 2px solid red; height: 20px; width: 100%; background-color: yellow;"></div>	Grant Period From <div style="border: 2px solid red; width: 100px; height: 20px; background-color: yellow;"></div> To <div style="border: 2px solid red; width: 100px; height: 20px; background-color: yellow;"></div>
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Expense Categories	Federal	Match	Total
A. Personnel			
B. Fringe Benefits			
C. Travel			
D. Equipment			
E. Supplies			
F. Contractual			
G. Construction			
H. Other Expenses			
I. Total Direct Charges			
J. Indirect Charges			
K. Totals			

Detailed Budget Narrative Explanations

A. Personnel

B. Fringe Benefits

C. Travel

D. Equipment

E. Supplies

F. Contractual

Detailed Budget Narrative Explanations

G. Construction

H. Other Expenses

I. Total Direct Charges

J. Indirect Costs

Matching Funds