

Low Income Taxpayer Clinics (LITCs) Application Information

Grant Period Request *(Check one)*

☐ Single year request☐ Multi-year request☐ 1st of 3 years☐ 2nd of 3 years☐ 3rd of 3 years

Grant Amount Requested

Controversy

ESL

Total

Applicant Information

Legal name of sponsoring organization

Prefix

First Name

Middle Name

Last Name

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)*Website address *(if applicable)*

Fax number

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

First Name

Middle Name

Last Name

Suffix

Telephone number

Email address

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

Prefix

First Name

Middle Name

Last Name

Suffix

Telephone number

Email address

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

Prefix

First Name

Middle Name

Last Name

Suffix

Telephone number

Email address