

**Low Income Taxpayer Clinic (LITC)
Application Information**

OMB Number
1545-1648

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
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Applicant Information

Legal name of sponsoring organization

Prefix	Last name	First name	Middle initial	Suffix
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Title

Phone number	FAX number	Email address
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Applicant's Mailing Address

Street

Street address line 2

City	State	ZIP + 4 code
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Clinic Information

Name of clinic

Public telephone number	Toll-Free telephone number <i>(if applicable)</i>	FAX number
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Website address *(if applicable)*

Languages served in addition to English

Clinic Street Address			Clinic Mailing Address		
Street			Street		
City	State	ZIP + 4 code	City	State	ZIP + 4 code

Clinic Director Information

Prefix	Last name	First name	Middle initial	Suffix
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Telephone number	Email address
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Licenses/Certifications *(Check all that apply)*

- Attorney CPA Enrolled Agent Other _____

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Qualified Tax Expert (QTE)

Prefix	Last name	First name	Middle initial	Suffix
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Telephone number	Email address
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Licenses/Certifications *(Check all that apply)*

Attorney CPA Enrolled Agent Other _____

Qualified Business Administrator (QBA)

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