

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 for 2012

Controversy	ESL	Total
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Applicant Information

Legal name of sponsoring organization

Primary contact name	Title
Phone number	Fax number
Email address	

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>	Website address <i>(if applicable)</i>
FAX number	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

Name	Telephone number	Email address
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Licenses/Certifications *(Check all that apply)*
 Attorney
 CPA
 Enrolled Agent
 Other _____

Qualified Tax Expert (QTE)

Name	Telephone number	Email address
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Licenses/Certifications *(Check all that apply)*
 Attorney
 CPA
 Enrolled Agent
 Other _____

Qualified Business Administrator (QBA)

Name	Telephone number	Email address
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