

**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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