

Form <b>13424</b> (August 2014)	Department of the Treasury - Internal Revenue Service <b>Low Income Taxpayer Clinic (LITC)</b> <b>Application Information</b>	OMB Number 1545-1648
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**Grant Period Request** (Check one)

- |                                                       |                                      |                                     |
|-------------------------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> New application              | <input type="checkbox"/> Single year | <input type="checkbox"/> Multi-year |
| <input type="checkbox"/> Non-Competitive continuation | <input type="checkbox"/> Second year | <input type="checkbox"/> Third year |

Grant amount requested (maximum \$100,000)

**Applicant Information**

Legal name of sponsoring organization

Prefix	Last name	First name	Middle initial	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)	FAX number
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
Telephone number		Email address		

Licenses/Certifications (Check all that apply)

- ☐
- Attorney
- ☐
- CPA
- ☐
- Enrolled Agent
- ☐
- Other \_\_\_\_\_

**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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**Tax Compliance Officer**

Prefix	Last name	First name	Middle initial	Suffix
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Telephone number	Email address
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**Instructions for Form 13424, Low Income Taxpayer Clinic (LITC) Application Information**

Each grant application and non-competitive continuation application must include Form 13424, *Application Information*.

LITC Grant Applications may be released under the Freedom of Information Act (FOIA). In response to a FOIA request, the LITC Program Office will release this application after appropriate redactions to ensure confidentiality of taxpayer information.

**Purpose**

This form is used to report basic information about the grant, including the amount and period of the grant requested, basic contact information for the clinic, and key staff members.

The Program Office uses the information reported on this form to send correspondence to the clinics and also to share with taxpayers through various IRS publications. Please be careful to follow the instructions for this form and to report all information completely and accurately. A complete response means an entry must be provided for each field.

**Specific Instructions****Grant Period Request**

Under IRC § 7526, the LITC Program Office is authorized to issue grants for a period of one, two, or three years. Check the appropriate box for a new application or a non-competitive continuation. For a new application, indicate whether it is a single or multi-year request. Applicants that have never been awarded an LITC grant may only apply for a single year grant. For a non-competitive continuation, indicate whether the request is for the second or third year of funding.

**Grant Amount Requested**

Input the amount, rounded to whole dollars, that is requested for funding. You must input zero if you do not wish funding for a certain program. The maximum total funding that may be requested by an applicant for any grant year is \$100,000.

**Applicant Information**

Enter the contact information for the organization applying for the grant. If a grant is awarded, the award will be payable to the organization listed in this section. Please provide a complete response, including zip plus-four code, for Applicant's Mailing Address. Phone numbers should be formatted as 123-456-7890 x.111.

**Clinic Information**

Enter information in this section relating to the clinic that will be providing services to taxpayers.

For clinics awarded an LITC grant, the information entered in this section is used *exactly as entered* to populate IRS Publication 4134, *Low Income Taxpayer Clinic List*. Publication 4134 is the primary tool for many low income and ESL taxpayers to locate LITC services. Please provide a complete response, including zip plus-four code, for Applicant's Mailing Address, Clinic Street Address, and Clinic Mailing Address. Do not write "same." Phone numbers should be formatted as 123-456-7890 x.111. When providing the clinic's website address, please provide the direct link to the LITC page if one is available. If no website exists, write "none."

Please individually list all languages in addition to English in which services can be provided on site. If the clinic uses a telephone or internet based translation service, state "other languages through interpreter services."

All applicants are required to identify a Clinic Director, Qualified Expert (QE), and Qualified Business Administrator (QBA) at the time of application. For more information on these positions, see Publication 3319, *LITC Grant Application and Guidelines*. For the clinic director and QTE, list any applicable licenses and certifications. Also list the Tax Compliance Officer. The Tax Compliance Officer is the responsible individual authorized to speak with the LITC Program Office about the tax compliance issues involving the clinic and the sponsoring organization.