Low Income Taxpayer Clinic (LITC)
LITC Tax Information Authorization

As provided for in Publication 3319, all applicants for an LITC grant must be in compliance with Federal tax responsibilities. The LITC Program Office will conduct compliance checks on organizations applying for an LITC grant and will also conduct periodic checks throughout the grant period. Therefore, any LITC that is part of a larger organization *(e.g., university)* will need to have an authorized official from the larger organization complete the following authorization:

Name of academic institution or other parent organization

Name of Low Income Taxpayer Clinic *(LITC)*

I authorize the Internal Revenue Service to disclose the following return information, as that term is defined in Internal Revenue Code section 6103(b), of the Academic Institution or Parent Organization *(listed above)* to the Director of the Low Income Taxpayer Clinic *(listed above)* in connection with the clinic's application for a low income taxpayer clinic matching grant and continued entitlement to such grant. Specifically, I authorize the Internal Revenue Service to disclose that the Academic Institution or Parent Organization has an outstanding federal tax liability *(amount, type of tax, and periods)* that may affect the approval of the clinic's grant application by the Internal Revenue Service or the clinic's continued entitlement to such grant.

I am aware that without this authorization the return information of the Academic Institution or Parent Organization is confidential and is protected by law under the Internal Revenue Code. I certify that I am authorized by law to bind the Academic Institution or Parent Organization and that I have authority to execute this consent to disclose return information.

Taxpayer name

Street

City	State	ZIP + 4 code

Employer Identification Number *(EIN)*

Name of authorized person

Title of authorized person	Telephone number

Email address of authorized person

Signature of authorized person	Date signed