

Form 13424 (April 2016)	Department of the Treasury - Internal Revenue Service Low Income Taxpayer Clinic (LITC) Application Information	OMB Number 1545-1648
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Grant Period Request *(Check one)*

New application Single year Multi-year

Non-Competitive continuation Second year Third year

Grant amount requested *(maximum \$100,000)*

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 _____

Qualified Tax Expert (QTE)

Prefix	Last name	First name	Middle initial	Suffix
Telephone number		Email address		
Licenses/Certifications (<i>Check all that apply</i>)				
<input type="checkbox"/> Attorney <input type="checkbox"/> CPA <input type="checkbox"/> Enrolled Agent <input type="checkbox"/> Other				

Qualified Business Administrator (QBA)

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

Tax Compliance Officer

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

Instructions for Form 13424, Low Income Taxpayer Clinic (LITC) Application Information

NOTE: Application forms, including this form (Form 13424), may be released under the Freedom of Information Act (FOIA). In response to a FOIA request, the LITC Program Office will release these forms after appropriate redactions to ensure confidentiality of taxpayer information.

Purpose

This form is used to report basic information about the applicant, including the amount and period of the grant requested, basic contact information about 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.

Who Must Complete This Form

All organizations submitting an Application for an LITC grant or a Non-Competitive Continuation (NCC) request must complete this form. See Publication 3319 for additional information.

Specific Instructions**Grant Period Request**

Complete this section by checking the appropriate box. Organizations submitting a New Application must indicate whether a single or multi-year grant is requested. Under IRC § 7526, the LITC Program Office is authorized to issue grants for a period of up to three years. Applicants that have never been awarded an LITC grant may only apply for a single year grant.

Current grantees submitting a Non-Competitive Continuation request must check the box indicating whether the request is for the second or third year of a multi-year grant.

Grant Amount Requested

Enter the total amount, rounded to whole dollars, of funding requested for the grant year. The maximum funding that may be requested 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 a grant, the information entered in this section will be used *exactly as entered* to prepare 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. **Thus, the clinic name entered should be the same name you will use to publicize LITC services to taxpayers and the public.**

Instructions for Form 13424, Low Income Taxpayer Clinic (LITC) Application Information (cont'd)

Please provide a complete response, including zip plus-four code, for the 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 (QTE), 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. All applicants are required to identify the sponsoring organization's Tax Compliance Officer. The Tax Compliance Officer is the individual authorized to speak with the IRS about federal tax compliance matters involving the sponsoring organization.