

Recipient name	Federal Award Identifier
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Address

Days of operation	Hours of operation
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**See the Instructions and Definitions provided on the reverse.**

**Primary Contact Information**

Primary contact name		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Primary Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  No

**Alternate Contact Information**

Alternate contact name		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  No

**Authorized Organization Representative Information**

Authorized Organization Representative		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  No

**Federal Tax Matters Contact Information**

Federal Tax Matters contact name		Title	
Phone number	Extension	Cell phone number	Email address

**Financial/PMS Contact Information**

Financial/PMS contact name		Title	
Phone number	Extension	Cell phone number	Email address

**Other Contact Information**

Other contact name		Explain role	
Other contact name		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  No

<b>Other Contact Information</b>		Explain role	
Other contact name		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  No

<b>Other Contact Information</b>		Explain role	
Other contact name		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  No

### Instructions for Form 14335, Contact Information for VITA and TCE Grant Programs

**Instructions:** List those individuals that we may contact with questions concerning your grant. Refer to the following definitions. Designate only one primary contact. Designate at least one alternate contact. We are asked occasionally to share contact information with other grant recipients and non-grant recipients involved or interested in the VITA or TCE program. Please indicate whether we may share your information.

**Definitions:**

1. **Primary** — Manages the day-to-day operations of your organization's program and is responsible for ensuring its requirements are met.
2. **Alternate** — Knowledgeable of the grant and its requirements and assists or directs the primary contact.
3. **Authorized Organization Representative** — Authorized to act for the organization and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards.
4. **Federal tax matters** — Authorized to discuss your organization's federal tax matters with IRS. This individual is only contacted when questions arise concerning your organization's filing of its federal returns or paying of federal taxes, penalties or interest.
5. **Financial/PMS** — Responsible for the financial aspects of the grant. This includes responsibility for requesting disbursement and required reporting in the Payment Management System.
6. **Other** — Provides assistance in the absence of those designated a role or that share responsibility for a role. Please explain their role in the space provided.

### Privacy and Paperwork Reduction Act Notice

The Privacy Act of 1974 requires that when we ask for information we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-2222. The time estimated for participation is 30 minutes. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the IRS volunteer income tax preparation and outreach programs. The information you provide may be furnished to others who coordinate activities and staffing at volunteer return preparation sites or outreach activities. The information may also be used to establish effective controls, send correspondence and recognize volunteers. Your response is voluntary. However, if you do not provide the requested information, the IRS may not be able to use your assistance in these programs.