

CJA Service Provider Payee Form**Verification & Certification of
Taxpayer Identification &
Other Provider Information**

This form is required to verify and certify payment information & TIN numbers for CJA Service Providers hired by CJA Attorneys, as authorized by the Criminal Justice Act, while also ensuring prompt payment and proper reporting to the IRS as required by law.

PART I: VENDOR INFORMATION

Please provide your Social Security Number for 1099 Reporting.

SOCIAL SECURITY NUMBER:**Vendor
Information**

Last Name, First Name, M

Telephone #

Email Address

Fax #

PART II : VENDOR INFORMATION**Remittance
Address**

Name

Address or Business Name

Address

City, State, Zip Code

Check the boxes below if they apply:

Remittance Address (where checks should be mailed) is the same as the Mailing & Physical Address.

Mailing and/or Physical Address is different from the Remittance Address and is provided below.

**Mailing
Address**

Name

Address or Business Name

Address

City, State, Zip Code

**Physical
Address**

Name

Address or Business Name

Address

City, State, Zip Code

PART III: CORPORATE PARENT ~ Pre-Existing Agreement & Taxpayer Identification Number (TIN):

Enter corporate/business EIN/TIN in the appropriate box. The TIN provided must match the name given on W-9 Line 1.

EMPLOYERS IDENTIFICATION NUMBER**PART IV: CORPORATE PARENT ~ ADDRESS INFORMATION****Remittance
Address**

Business Name

Address

Address

City, State, Zip Code

PART IV: CORPORATE PARENT~ ADDRESS INFORMATION (CONTINUED)

Check the boxes below if they apply:

Remittance Address (where checks should be mailed) is the same as the Mailing and Physical Address.

Mailing and/or Physical Address is different from the Remittance Address and is provided below.

Mailing Address	Business Name
	Address
	Address
	City, State, Zip Code
Physical Address	Business Name
	Address
	Address
	City, State, Zip Code

Part V : INDICATE BELOW HOW PAYMENTS SHOULD BE REPORTED TO THE IRS

Under my social security number and name, as indicated above OR

To the corporate parent with which I am affiliated

PART VI : CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. The additional information required and provided on this form is correct and has been completed to the best of my knowledge.

Signature _____	Date _____
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Please return this form when completed to:

**US DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE
55 PLEASANT STREET, RM 110
CONCORD, NH 03301**

Office Use Only:

DOC # _____ Date Processed _____ Initials _____

Original document to Financial Administrator upon processing.