

Form CJA PAYEE REG. FORM (December 2014) United States District Court District of New Hampshire USDCNH23A	CJA Payee Registration Form Verification & Certification of Taxpayer Identification & Other Provider Information	Return form to USDC-NH (instructions below)
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PURPOSE OF FORM:

This form is required to verify and certify the CJA Panel Attorney's Payment Information and TIN, to ensure prompt payment and proper reporting to the IRS as required by law. Please complete and return the attached form as soon as possible. *Please note: All forms incomplete will be returned for corrections and re-submission.*

PART I: ATTORNEY INFORMATION Please provide your Social Security Number for 1099 Reporting.	SOCIAL SECURITY NUMBER:
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Attorney Information	Last Name, First Name, M
	Telephone #
	Email Address
	Fax #

PART II : ADDRESS INFORMATION

Mailing Address	Name
	Address or Firm 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 Address provided above.

My Physical Address (office location) is the Same as the Mailing Address provided above.

If your Remittance Address and/or Physical Address is different from the address provided above, please provided the information below:

Remittance Address	Name
	Address or Firm Name
	Address
	City, State, Zip Code

Physical Address	Name
	Address or Firm Name
	Address
	City, State, Zip Code

PART III: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN):

Enter your firms EIN/TIN in the appropriate box. The TIN provided must match the name given on W-9 Line 1.	EMPLOYERS IDENTIFICATION NUMBER
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PART IV: FIRM ADDRESS INFORMATION

Mailing Address	Firm Name
	Address
	Address
	City, State, Zip Code

PART IV: FIRM ADDRESS INFORMATION (CONTINUED)

Check the boxes below if they apply:

Remittance Address (where checks should be mailed) is the Same as the Mailing Address provided above.

My Physical Address (office location) is the Same as the Mailing Address provided above.

If Remittance Address and/or Physical Address is different from the Mailing address provided above, please provided the information below:

Remittance Address	Firm Name
	Address
	Address
	City, State, Zip Code
Physical Address	Firm 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 law firm 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 _____

Please return this form when completed.

- 1. Return the form by email: _____ ; or
- 2. Send it by U.S. Mail to:

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

Office Use Only:

DOC # _____ Date Processed _____ Initials _____
****Original to File, Copy to CJA Vendor Maintenance, once processed forward completed form the Financial Office****

NOTES: