Form CJA PAYEE REG. FORM
(December 2014)
United States District Court
District of New Hampshire

CJA Payee Registration Form Verification & Certification of Taxpayer Identification &

Other Provider Information

Return form to USDC-NH (instructions below)

(1130 0000

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.*

Second		YORNEY INFORMATION your Social Security Number for 1099 Reporting.		SOCIAL SECURITY NUMBER:			
PART II : ADFESS INFORMATION 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. My Physical Address (office location) is the Same as the Mailing Address provided above. Mame Address City, State, Zip Code Name Address or Firm Name Address City, State, Zip Code Variation of the Same or Firm Name Address City, State, Zip Code Name Address City, State, Zip Code Name Address City, State, Zip Code PART III: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN): Enter your firm SIMTIN In the appropriate box. The TIN provided must match the name given on V-4 Line 1. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address	Ę	Last Name, First Name, M					
PART II : ADFESS INFORMATION 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. My Physical Address (office location) is the Same as the Mailing Address provided above. Mame Address City, State, Zip Code Name Address or Firm Name Address City, State, Zip Code Variation of the Same or Firm Name Address City, State, Zip Code Name Address City, State, Zip Code Name Address City, State, Zip Code PART III: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN): Enter your firm SIMTIN In the appropriate box. The TIN provided must match the name given on V-4 Line 1. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address	rney atio	Telephone #					
PART II : ADFESS INFORMATION 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. My Physical Address (office location) is the Same as the Mailing Address provided above. Mame Address City, State, Zip Code Name Address or Firm Name Address City, State, Zip Code Variation of the Same or Firm Name Address City, State, Zip Code Name Address City, State, Zip Code Name Address City, State, Zip Code PART III: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN): Enter your firm SIMTIN In the appropriate box. The TIN provided must match the name given on V-4 Line 1. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address	Atto forn	Email 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. My Physical Address (office location) is the Same as the Mailing Address provided above. My Physical Address and/or Physical Address is different from the address provided above, please provided the information below: Name Address City, State, Zip Code PART III: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN): Entry our firms ENVTIN in the appropriate box. The TN provided must match the name given on W 9 Line 1. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Marries Address	<u> </u>	Fax #					
Region Address or Firm Name Address City, State, Zip Code Check the boxs 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. My Physical Address is different from the address provided above, please provided above. Please provided the information below: Name Address Address or Firm Name Address Address or Firm Name Address Address or Firm Name Address Address City, State, Zip Code Name Address City, State, Zip Code PART III: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN): Enter your firms ElivTIN in the appropriate box. The TiN provided must match the mane group on W-9 Line 1. EMPLOYERS IDENTIFICATION NUMBER PART II: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN): Enter your firms ElivTIN in the appropriate box. The TiN provided must match the mane group on W-9 Line 1. EMPLOYERS IDENTIFICATION NUMBER PART II: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN): Pare / Address City State, Zip	PART II : ADDRESS INFORMATION						
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: Mame Address Address City, State, Zip Code Name Address City, State, Zip Code City, State, Zip Code Name Address City, State, Zip Code 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 We Line 1. PART IV: FIRM ADDRESS INFORMATION Enter your firms SinFORMATION Firm Name Address Firm Name Address Firm Name		Name					
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: Mame Address Address City, State, Zip Code Name Address City, State, Zip Code City, State, Zip Code Name Address City, State, Zip Code 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 We Line 1. PART IV: FIRM ADDRESS INFORMATION Enter your firms SinFORMATION Firm Name Address Firm Name Address Firm Name	ing ess	Address or Firm Name					
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: Mame Address Address City, State, Zip Code Name Address City, State, Zip Code City, State, Zip Code Name Address City, State, Zip Code 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 We Line 1. PART IV: FIRM ADDRESS INFORMATION Enter your firms SinFORMATION Firm Name Address Firm Name Address Firm Name	Mail Addr	Address					
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: If your Remittance Address or Firm Name Address City, State, Zip Code Name Address or Firm Name Address City, State, Zip Code PART III: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN): Enter your firms EMVTIN in the appropriate box. The TIN provided must meth the name given on W-9 Line 1. PART IV: FIRM ADDRESS INFORMATION Firm Name Address		City, State, Zip Code					
My Physical Address (office location) is the Same as the Mailing Address provided above. Interstant Name Address or Firm Name Address Interstant City, State, Zip Code Name Address Interstant Address Interstant City, State, Zip Code Part III: Firm Name Address City, State, Zip Code Interstant City, State, Zip Code Part III: City, State, Zip Code Part III: Firm Name Address City, State, Zip Code Dependence City, State, Zip Code Part III: Firm Same Address City, State, Zip Code Part III: Part III: Intersourd firms EiNTIN in the appropriate box. The TIN provided must met the name given on W-9 Line 1. EMPLOYERS IDENTIFICATION NUMBER Part IV: Firm Name Address Address Address Address	Check the bo						
If your Remittance Address and/or Physical Address is different from the address provided above, please provided the information below: Name Address or Firm Name Address City, State, Zip Code Name Address City, State, Zip Code Address City, State, Zip Code 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 V-9 Line 1. PART IV: FIRM ADDRESS INFORMATION Enter your firm Name Address Address Address Address Address City, State, Zip Code							
Name Address or Firm Name Address City, State, Zip Code Name Address or Firm Name Address or Firm Name Address City, State, Zip Code Address City, State, Zip Code 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. PART IV: FIRM ADDRESS INFORMATION Part IV: FIRM ADDRESS INFORMATION Firm Name Address Address							
Address or Firm Name Address City, State, Zip Code Name Address City, State, Zip Code Address City, State, Zip Code 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. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address							
City, state, Zip Code 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. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address Address	0						
City, state, Zip Code 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. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address Address	ttan						
City, state, Zip Code 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. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address Address	kemi Add						
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. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address	Ľ.	City, State, Zip Code					
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 PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address 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 PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address	ess ess						
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 PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address	Phys	Address					
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 PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address Address		City, State, Zip Code					
match the name given on W-9 Line 1. PART IV: FIRM ADDRESS INFORMATION Firm Name Address Address Address	PART III: Pre-Existing Agreement / Parent Firm & Taxpayer Identification Number (TIN):						
Firm Name Address Address							
Address Address	PART IV: FIRM ADDRESS INFORMATION						
Address Address City, State, Zip Code		Firm Name					
Address City, State, Zip Code	ng ess	Address					
City, State, Zip Code	Addr	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:

e,	Firm Name				
Remittance Address	Address				
Remit	Address				
Ľ.	City, State, Zip Code				
	Firm Name				
Physical Address	Address				
Phys	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. <u>O R</u>					
	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 retur	n this form when completed.				
1. Retu	Irn 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:					