

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting Division

CJA Service Provider/Expert Vendor Information
Mandatory Information that **MUST** be provided before submission

Vendor Address		TYPE OF SERVICE PROVIDER	
Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099		<input type="checkbox"/> Investigator	<input type="checkbox"/> Other Medical Expert
Name:		<input type="checkbox"/> Interpreter/Translator	<input type="checkbox"/> Voice, Audio Analyst
Business Name: <i>(if different from above)</i>		<input type="checkbox"/> Psychologist	<input type="checkbox"/> Hair, Fiber Expert
Address 1:		<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Computer (h/w, s/w, systems)
Address 2:		<input type="checkbox"/> Polygraph Examiner	<input type="checkbox"/> Paralegal Services
City:		<input type="checkbox"/> Document Examiner	<input type="checkbox"/> Legal Analyst/Consultant
State: Zip Code:		<input type="checkbox"/> Fingerprint Analyst	<input type="checkbox"/> Jury Consultant
Phone #: E-mail:		<input type="checkbox"/> Accountant	<input type="checkbox"/> Mitigation Specialist
Taxpayer Identification #: <i>(TIN, SS, or EIN number)</i>		<input type="checkbox"/> CALR (Westlaw, Lexis, etc.)	<input type="checkbox"/> Duplication Services
DUNS #		<input type="checkbox"/> Chemist, Toxicologist	<input type="checkbox"/> Litigation Support Services
		<input type="checkbox"/> Ballistics Expert	<input type="checkbox"/> Computer Forensics Expert
		<input type="checkbox"/> Weapons Firearms Ballistics Expert	<input type="checkbox"/> Other
		<input type="checkbox"/> Pathologist, Medical Examiner	
Financial Information <i>(If Requested)</i>			
Bank Name:		Routing # <i>(this nine digit number appears on your checks, but do not include individual check numbers):</i>	
City:		Account #:	
State: Zip Code:		Type of Account: <i>(select one)</i> <input type="radio"/> Checking <input type="radio"/> Savings	

Type of Organization for 1099 reporting:

- | | |
|---|---|
| <input type="radio"/> sole proprietorship;
<input type="radio"/> corporate entity <i>(not tax-exempt)</i> ;
<input type="radio"/> health care provider;
<input type="radio"/> government entity <i>(write in either federal, state or local)</i> | <input type="radio"/> partnership;
<input type="radio"/> corporate entity <i>(tax-exempt)</i> ;
<input type="radio"/> other: _____
_____ |
|---|---|

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\) and 3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041 and 6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business Not Applicable
- Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
 - Asian-Pacific American
 - Black American
 - Subcontinent Asian (Asian-Indian) American
 - Hispanic American
 - Native American
 - Other: _____

Date: _____

Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: Addition Change Vendor Code: _____ (*make entry only if change*)
 Active Inactive Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:	
Contact Name: _____	_____
Telephone Number: _____	Email: _____

Identification of person making this request:	
Name: _____	_____
Telephone Number: _____	Originating Office: _____

Please type or print clearly. Submit the form to the court by clicking on the "Submit" button at the bottom of this sheet OR by printing and emailing to finance@insd.uscourts.gov OR by faxing it to 317-229-3740.

