

**United States District Court
for the Northern District of West Virginia
CJA ATTORNEY PAYEE REGISTRATION**

1. NAME: _____

2. BUSINESS ADDRESS: _____

3. BUSINESS TELEPHONE #: _____ **FAX:** _____

4. SOCIAL SECURITY NUMBER: _____

5. EMAIL ADDRESS: _____

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. The law firm's taxpayer
identification number, name and address are:**

Taxpayer ID of law firm: _____

Law Firm Name: _____

Law Firm Address: _____

Attorney Signature: _____ **Date:** _____