

United States District Court
Northern District of Ohio

CJA Attorney Payee Registration

Name:			
Social Security #:			
Mailing Address:			
Email Address:			
Telephone:			
Please indicate below how payments should be reported to the IRS: (Select One Only)			
<input type="checkbox"/>	Under my social security number and name, as indicated above		
or			
<input type="checkbox"/>	To the law firm with which I am affiliated.		
The law firms taxpayer identification number, name and address are:			
		Taxable Identification Number (TIN):	
		Law Firm's Name:	
		Address:	
Signature			Date