

**UNITED STATES COURT OF APPEALS  
FOR THE FOURTH CIRCUIT**

**CJA TAXPAYER IDENTIFICATION FORM**

CJA counsel to complete and return to [patty\\_layne@ca4.uscourts.gov](mailto:patty_layne@ca4.uscourts.gov) if they have not previously received CJA payments from the federal courts or if their information has changed. Please print or type.

**NAME** (as registered for ECF)

Last: \_\_\_\_\_ First: \_\_\_\_\_

Middle: \_\_\_\_\_ Generation (Jr.,Sr.,II): \_\_\_\_\_

Prefix (Mr., Ms., Professor): \_\_\_\_\_ Former Name (if any): \_\_\_\_\_

**FIRM** (as registered with IRS)

Firm Name: \_\_\_\_\_

Address (PO Box and Street): \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Has your address or email address changed recently:  Yes  No

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**SELECT INCOME REPORTING OPTION:**

Report to my Social Security number provided above.

Report to my firm's EIN, as provided here: \_\_\_\_\_

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(Date)

\_\_\_\_\_  
(Signature)