

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA

REQUEST FOR VENDOR INFORMATION AND TIN CERTIFICATION  
FORM (AO-213)

(Rev. 09/2019)

**Attention CJA Panel Attorneys:**

Service Providers do not have access to eVoucher. The panel attorney creates the CJA 21 or CJA 31 voucher as the service provider and approves the CJA 21 or CJA 31 voucher as the attorney.

Prior to creating the CJA 21 or CJA 31 voucher, the Service Provider's information, Tax Identification Number (TIN) and expert specialty designation must be entered into eVoucher by the **eVoucher Help Desk** where the case is filed.

Service Providers are required to complete the boxes highlighted in red and sign and date the AO-213 form.

The Service Provider's banking information is not needed at this time (*disregard Part 8.*)

On behalf of the Service Provider, complete the **Addendum to Vendor Information and TIN Certification** and select the appropriate specialty designation(s). You may select more than one specialty designation.

Return completed forms by mail or email to the **eVoucher Help Desk** where the case is filed:

**ATTENTION: eVOUCHER HELP DESK:**

**Alexandria:** 401 Courthouse Square, Alexandria, VA 22314

[cja\\_Alexandria@vaed.uscourts.gov](mailto:cja_Alexandria@vaed.uscourts.gov)

**Richmond:** Suite 3000, 701 East Broad Street, Richmond, VA 23219

[cja\\_Richmond@vaed.uscourts.gov](mailto:cja_Richmond@vaed.uscourts.gov)

**Norfolk/Newport News:** 600 Granby Street, Norfolk, VA 23510

[cja\\_Norfolk@vaed.uscourts.gov](mailto:cja_Norfolk@vaed.uscourts.gov)

# REQUEST FOR VENDOR INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form.

*Mandatory information that MUST be provided before submission.*

## Part 1 Payee Information

Line 1. Payee Name: \_\_\_\_\_

Line 2. Additional payee information: *(if applicable)* \_\_\_\_\_

## Part 2 Business Name *(if different from above)*

\_\_\_\_\_

**Enter your TIN in the appropriate box.**

Part 3 The TIN provided must match the name given in Part 1, Line 1. EIN: \_\_\_\_\_ - \_\_\_\_\_

*Enter only an EIN or SSN - NOT BOTH.*

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Part 4 DUNS # *(if applicable)* \_\_\_\_\_

## Part 5 Select the appropriate box below for U.S. tax classification for person or entity listed in Part 1, Line 1.

Individual or single member LLC  Corporation *(Payments related to medical or healthcare service providers)*

LLC (Except single member)  Corporation *(All other payments not met by corporation category above)*

*(Select one:)*  C Corp  S Corp  Partnership  Partnership  Trust/Estate  Other: \_\_\_\_\_

## Part 6 Mailing Address *(where payments, orders, and IRS 1099 forms will be sent)*

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Point of Contact *(if different from Part 1, Line 1 above)* Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Part 7 Additional Address Information *(if different from above)*

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## Part 8 Electronic Funds Transfer (EFT) Information *(Please Disregard Part 8 - EFT is Currently Unavailable.)*

Owner(s) name as it appears on bank account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing #: *(Must contain 9 digits)* \_\_\_\_\_

Payee must select an account type: *(Select one)*  Checking  Savings

Account Number: *(do not include check number)* \_\_\_\_\_

## Part 9 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; 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 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 backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Judiciary Use Only			
Select those boxes that apply:	<input type="checkbox"/> Addition	<input type="checkbox"/> Change	Vendor Code: _____
	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	Vendor Type: _____
<i>(Trustee or Vendor)</i>			
Vendor Administrators: Attach this form to the JIFMS MANL document. This form can also be submitted, subject to separation of duties requirements, via HEAT at: <a href="https://nsms.ao.dcn">https://nsms.ao.dcn</a> . The service request can be found under Financial Management Services> JIFMS Vendor Additions or Updates. For FAS4T users (CCAM only), send this form to the local court vendor administrator. For questions regarding JIFMS and court FAS4T, please contact the National Support Desk at (210) 536-5000. This form should be completed including the vendor's signature and submitted by Judiciary staff only.			

***Sensitive information must be securely maintained and only visible to designated staff.***

## General Instructions

### Purpose of the AO 213

The Judiciary utilizes the AO 213 to collect information necessary to facilitate payment by EFT or U.S. Treasury check.

For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-INT) with the IRS and, therefore, must obtain payees' correct names and associated TINs to do so. If a TIN is not provided, a payee **may** be subject to backup withholding – situations where the judiciary must withhold a certain percentage to ensure the IRS receives any tax due on the payment.

Payments disbursed by the U.S. Treasury on the judiciary's behalf must collect payee TINs to comply with the [U.S. Treasury's TIN Policy](#).

Payee TINs, obtained through this form, may be used by the government to collect and report on any delinquent amounts arising out of the payee's relationship with the government.

### Part 1, Line 1

Do not leave this line blank. Enter only **one** name for you or your entity. The name should match the name on your or your entity's U.S. tax return.

*Individual.* Generally, enter the name shown on your U.S. tax return. If you have changed your last name without informing the Social Security Administration of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it was entered on your IRS Form W-7 application, line 1a.

*Sole Proprietor or Single-Member LLC.* Enter your name as shown on your IRS 1040/1040A/1040EZ in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2.

*Partnership, LLC (Except Single-Member LLCs), or Corporations.* Enter the entity's name as shown on the entity's U.S. tax return in Part 1 and any business name or DBA name in Part 2.

*Other entities.* Enter your name as shown on required U.S. tax documents in Part 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business name or DBA name in Part 2.

### Part 1, Line 2

If this form is being completed so that a U.S. Treasury check may be issued payable to more than one person or entity, or if an EFT payment will be issued to an account owned jointly, enter in Part 1, Line 1 the name of the person or entity whose TIN you entered in Part 3. Additional names for joint accounts or for other payees ("and," "or," or "care of") **must** be entered in Part 1, Line 2.

If payment is to be made by...	Then, enter the following...
EFT to Payee 1 <b>AND</b> Payee 2, co-owners of a joint account	Payee 1's name in Part 1, Line 1; Payee 2's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, Payee 2, <b>AND</b> Payee 3.	Payee 1's name in Part 1, Line 1; Payee 2's name <b>AND</b> Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, Payee 2, <b>OR</b> Payee 3.	Payee 1's name in Part 1, Line 1;

	Payee 2's name <b>OR</b> Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, <b>CARE OF (c/o)</b> Power of Attorney	Payee 1's name in Part 1, Line 1; C/O Power of Attorney name in Part 1, Line 2; Payee 1's TIN in Part 3.

### Part 2

If you have a business or DBA name, you may enter it in Part 2.

### Part 3

Enter your or your entity's TIN in the appropriate box. **The TIN must be the TIN associated with the one person or one entity listed in Part 1, Line 1.**

If you are a resident alien and you do not have – and are not eligible to get – an SSN, your TIN is your ITIN. Enter it in the social security number box.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If the LLC is classified as a corporation or partnership, enter the entity's EIN.

### Part 4

If applicable, enter your entity's DUNS number,

### Part 5

Check the appropriate box in Part 5 for the U.S. tax classification of the person or entity's whose name is entered in Part 1. Check only **one** box in Part 5.

### Part 6

Enter your address (number, street, and apartment or suite number). This is where your paper U.S. Treasury check and any information returns (e.g., 1099-MISC; 1099-INT), if applicable, will be mailed.

Enter a point-of-contact name, email, and phone number. A point of contact is necessary if an entity is listed in Part 1, Line 1 or a point-of-contact is different than an individual listed in Part 1, Line 1.

### Part 7

If you have an additional address other than the address listed in Part 6, such as a physical address that differs from a mailing address for payment and information returns, enter it here.

### Part 8 - (Please Disregard Part 8 - EFT is Currently Unavailable.)

The Routing Number **must** be nine digits. If you are unsure of your Routing or Account Numbers, consult your financial institution.

You must identify your account as either checking or savings to ensure our payment is accepted by your financial institution.

### Part 9

You must cross out item 2 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.

For item 3, you are considered a U.S. person, for federal tax purposes, if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in, or under the laws of, the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

For a joint account, only the person whose TIN is shown in Part 3 should sign.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA

ADDENDUM TO VENDOR INFORMATION/TIN  
CERTIFICATION FORM (AO 213)

(Rev. 09/2019)

Vendor/Business Name: \_\_\_\_\_

**EXPERT SPECIALTY DESIGNATION**

Indicate below what type of services this vendor provides (check all that apply).

TYPE OF SERVICE PROVIDER

- |    |   |    |   |
|----|---|----|---|
| 01 | <input type="checkbox"/> Accountant                           | 17 | <input type="checkbox"/> Mitigation Specialist                |
| 02 | <input type="checkbox"/> Ballistics Expert                    | 18 | <input type="checkbox"/> Other (Specify):                     |
| 03 | <input type="checkbox"/> CALR (Westlaw, Lexis, etc.)          | 19 | <input type="checkbox"/> Other Medical Expert                 |
| 04 | <input type="checkbox"/> Chemist, Toxicologist                | 20 | <input type="checkbox"/> Paralegal Services                   |
| 05 | <input type="checkbox"/> Computer (Hardware/Software/Systems) | 21 | <input type="checkbox"/> Pathologist, Medical Examiner        |
| 06 | <input type="checkbox"/> Computer Forensics Expert            | 22 | <input type="checkbox"/> Polygraph Examiner                   |
| 07 | <input type="checkbox"/> Documents Examiner                   | 23 | <input type="checkbox"/> Psychiatrist                         |
| 08 | <input type="checkbox"/> Duplications Services                | 24 | <input type="checkbox"/> Psychologist                         |
| 09 | <input type="checkbox"/> Fingerprint Analyst                  | 25 | <input type="checkbox"/> Voice, Audio Analyst                 |
| 10 | <input type="checkbox"/> Hair, Fiber Expert                   | 26 | <input type="checkbox"/> Weapons Firearms Explosive<br>Expert |
| 11 | <input type="checkbox"/> Interpreter Translator               |    |   |
| 13 | <input type="checkbox"/> Investigator                         |    |   |
| 14 | <input type="checkbox"/> Jury Consultant                      |    | TRANSCRIPTS   |
| 15 | <input type="checkbox"/> Legal Analyst/Consultant             | 27 | <input type="checkbox"/> Court Reporter                       |
| 16 | <input type="checkbox"/> Litigation Support Services          |    |   |

If further assistance is needed, please contact the eVoucher Help Desk where the case is filed:

**Attention: eVoucher Help Desk**

Alexandria: 401 Courthouse Square, Alexandria, VA 22314 - (703) 299-2101

Richmond: Suite 3000, 701 East Broad Street, Richmond, VA 23219 - (804) 916-2230

Norfolk/Newport News: 600 Granby Street, Norfolk, VA 23510 - (757) 222-7202