

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF OKLAHOMA**

eVoucher Billing Information: Service Provider
Mandatory Information that **MUST** be provided before submission

Vendor Information		Type of Service Provider	
Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099			
Name:		<input type="radio"/> Investigator	<input type="radio"/> Voice, Audio Analyst
Address 1:		<input type="radio"/> Interpreter, Translator	<input type="radio"/> Hair, Fiber Expert
Address 2:		<input type="radio"/> Psychologist	<input type="radio"/> Computer (h/w, s/w, systems)
City:		<input type="radio"/> Psychiatrist	<input type="radio"/> Paralegal Services
State:	ZIP Code:	<input type="radio"/> Polygraph Examiner	<input type="radio"/> Legal Analyst/Consultant
Phone #:		<input type="radio"/> Document Examiner	<input type="radio"/> Jury Consultant
Main Email:		<input type="radio"/> Fingerprint Analyst	<input type="radio"/> Mitigation Specialist
Second Email:		<input type="radio"/> Accountant	<input type="radio"/> Duplication Services
Third Email:		<input type="radio"/> CALR (Westlaw, Nexis, etc.)	<input type="radio"/> Litigation Support Services
Taxpayer Identification #: (TIN, SS, or EIN number)		<input type="radio"/> Chemist, Toxicologist	<input type="radio"/> Computer Forensics Expert
DUNS#		<input type="radio"/> Ballistics Expert	<input type="radio"/> other _____
		<input type="radio"/> Pathologist, Medical Examiner	
		<input type="radio"/> Other Medical Expert	

I have an eVoucher Account in another district. Please assign me the same User Login indicated below for use in this district. I understand that the Clerk in this district will issue me a different password.

District: _____ User Login: _____

Billing Information	
Bank Name:	Routing # <i>(Nine digit number appears on your checks. 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.

Fax completed form to: 918-684-7901
 Or mail completed form to: Clerk, U.S. District Court
 PO Box 607
 Muskogee, OK 74402
 Attn: eVoucher Registration
 Or email completed form to:
 eVoucher_OKED@oked.uscourts.gov

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.

For Court/FPD Use Only	
Login:	Password:
Billing Code:	