

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF OKLAHOMA

**eVoucher Billing Information: Service Provider**  
Mandatory Information that **MUST** be Provided Before Submission

Vendor Information	Type of Service Provider	
Name:	<input type="checkbox"/> Investigator	<input type="checkbox"/> Other Medical Expert
Address 1:	<input type="checkbox"/> Interpreter, Translator	<input type="checkbox"/> Voice, Audio Analyst
Address 2:	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Hair, Fiber Expert
City:	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Computer (h/w, s/w, systems)
State:      ZIP Code:	<input type="checkbox"/> Polygraph Examiner	<input type="checkbox"/> Paralegal Services
Phone #:	<input type="checkbox"/> Document Examiner	<input type="checkbox"/> Legal Analyst/Consultant
Main Email:	<input type="checkbox"/> Fingerprint Analyst	<input type="checkbox"/> Jury Consultant
Second Email:	<input type="checkbox"/> Accountant	<input type="checkbox"/> Mitigation Specialist
Third Email:	<input type="checkbox"/> CALR (Westlaw, Nexis, etc.)	<input type="checkbox"/> Duplication Services
Taxpayer Identification #: <i>(TIN, SS, or EIN number)</i>	<input type="checkbox"/> Chemist, Toxicologist	<input type="checkbox"/> Litigation Support Services
DUNS #:	<input type="checkbox"/> Ballistics Expert	<input type="checkbox"/> Computer Forensics Expert
	<input type="checkbox"/> Pathologist, Medical Examiner	<input type="checkbox"/> Other
	<input type="checkbox"/> Other Medical Expert	_____
<p>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.</p> <p>District: _____ User Login: _____</p>		
Billing Information		
Bank Name:	Routing #: <i>(This nine digit number appears on your checks, but do not include individual check numbers)</i>	
City:	Account #:	
State:      ZIP Code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

**Type of Organization for 1099 Reporting:**

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Proprietorship;<br><input type="checkbox"/> Corporate Entity <i>(not tax-exempt)</i><br><input type="checkbox"/> Health Care Provider;<br><input type="checkbox"/> Government Entity <i>(Indicate either Federal, State or Local)</i> | <input type="checkbox"/> Partnership;<br><input type="checkbox"/> Corporate Entity <i>(tax-exempt)</i><br><input type="checkbox"/> Other: _____<br>_____ |
|---|--|

**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: 405-609-5099  
 Or mail completed form to: Clerk, U.S. District Court  
 Western District of Oklahoma  
 200 N.W. 4<sup>th</sup> Street, Rm. 1210  
 Oklahoma City, OK 73102  
 Attn: eVoucher Registration  
 Or email completed form to: [eVoucher\\_OKWD@okwd.uscourts.gov](mailto:eVoucher_OKWD@okwd.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 purchased 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.

<b>For Court/FPD Use Only</b>	
Login:	Password:
Billing Code:	