

**Please complete this form and return it with your CJA voucher to:**  
United States Court of Appeals for the Tenth Circuit, Office of the Clerk,  
Byron White United States Courthouse, 1823 Stout Street, Denver, Colorado

## **PANEL ATTORNEY DATA**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name and Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Initial below your choice of how payments should be reported to the IRS:

\_\_\_\_\_ Under my Social Security Number and Name, as indicated above.

\_\_\_\_\_ To the law firm with which I am affiliated. I have provided my Social Security Number as indicated above **and** the law firm's Taxpayer Identification Number, Name and Address are:

\_\_\_\_\_ Taxpayer Identification Number of Law Firm (required if affiliated with a firm)

\_\_\_\_\_ Name of Law Firm

\_\_\_\_\_ Address of Law Firm

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

\_\_\_\_\_ Signature

\_\_\_\_\_ Date