

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
REQUEST FOR REFUND**

Please fill out the following form to request a refund. When you have completed the form, please mail this form to the address below. **NOTE:** If you originally paid by cash, check or money order, a refund request will **not** be considered without an attached AO 213P form. Attorneys who paid by credit card, see box below for more information.

United States Bankruptcy Court
Attn: Refund Request
501 I Street, Suite 3-200
Sacramento, CA 95814

Select the box below which describes you:

<input type="checkbox"/> I am an attorney	<input type="checkbox"/> I am a creditor
<input type="checkbox"/> I am a debtor	<input type="checkbox"/> <u>Other:</u> I am a _____.

Provide your contact information:

Name: _____	
Address: _____	
City, State, Zip: _____	
Phone Number: _____	E-Mail: _____

Provide information regarding the payment for which you are requesting a refund

Name of Debtor: _____
Case Number: _____ Document Number: _____
Explanation of why refund is warranted. If you need more room, please attach an additional sheet. _____ _____ _____

I declare under penalty of perjury of the laws of the United States of America that the foregoing is true and correct.

Date: _____ Signature: _____

Attorneys Only <ul style="list-style-type: none">• Original payment was made by: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card• If payment was by credit card, is card still active? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>If credit card is no longer active, your refund, if approved, will need to be made by check and you will need to submit a completed form AO 213 P.</i></p>
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REQUEST FOR PAYEE INFORMATION AND TIN CERTIFICATION

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

Vendors providing goods and services must use the AO 213 form.

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 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 attorneys' fees or gross proceeds paid to attorneys)
- LLC (Except single member) Partnership
- (Select one:) C Corp S Corp Partnership Trust/Estate Other: _____

Part 5 Mailing Address

Street address: _____

City: _____ State: _____ Zip code: _____

Point of Contact (if different from Part 1, Line 1 above) Name: _____

Phone #: _____ Email Address: _____

Part 6 Electronic Funds Transfer (EFT) Information (OPTIONAL)

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 7 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: https://nsms.ao.dcn . 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 213P

The Judiciary utilizes the AO 213P 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 AND 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, AND Payee 3.	Payee 1's name in Part 1, Line 1; Payee 2's name AND 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, OR Payee 3.	Payee 1's name in Part 1, Line 1; Payee 2's name OR 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, CARE OF (c/o) 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

Check the appropriate box in Part 4 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 4.

Part 5

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 6

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. **The account must be associated with the one person or one entity listed in Part 1, Line 1.**

Part 7

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.