

**Local Official Form 103**

**Fill in this Information to identify the case:**

Debtor 1 \_\_\_\_\_  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Columbia

Case number:

**Local Official Form 103**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

Claimant's Name:

Claimant's Current Mailing  
Address, Telephone Number,  
and Email Address:

Reason Funds Were Not  
Received by Claimant

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**3. Supporting Documentation**

Applicant has read the Court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation, including separate affidavit, with this application.

**4. Notice to United States Attorney**

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

U.S. Attorney for the District of Columbia  
United States Attorney's Office  
555 4th Street, NW  
Washington, DC 20001

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

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

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public \_\_\_\_\_  
My commission expires: \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF COLUMBIA

In re:

,

Debtor.

Case No.

Chapter

**AFFIDAVIT OF CLAIMANT**

1. I, \_\_\_\_\_, am (indicate status of claimant):
- a.  the individual creditor (or authorized personal representative of the individual creditor) in whose name funds were deposited with the court who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney, to submit an application to withdraw unclaimed funds on my behalf;
  - b.  the duly authorized representative for the claimant “business” \_\_\_\_\_;
  - c.  the debtor claiming funds deposited in the name of a creditor in this case who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney, to submit an application on my behalf;
  - d.  the debtor claiming funds deposited in the name of the debtor in this case who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney, to submit an application on my behalf; or
  - e.  the duly authorized representative for claimant “business” as indicated in the attached corporate power of attorney who has granted a power of attorney to \_\_\_\_\_ a “funds locator” or attorney, to submit an application to withdraw unclaimed funds on my behalf;

and I am seeking payment of unclaimed funds in the amount of \$ \_\_\_\_\_ deposited in this court in the name of \_\_\_\_\_ and representing claim number \_\_\_\_\_ (if no claim was filed write “scheduled” in blank space).

2. Claimant History: Substantiate claimant’s right to funds, including but not limited to documents relating to sale of company, i.e., purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds. Attach certified copies of all necessary documentation, including those which establish the chain of ownership of the original corporate claimant. Also attach a copy of an official government photo ID to prove your identity.

3. I (or the “business” I represent as claimant) have neither previously received remittance for these funds nor have contracted with any other party other than the person named as a “funds locator” or attorney in paragraph one above to recover these funds.

**Local Official Form 103**

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant or Representative of  
"Business" Claimant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Last Four Digits of SSN, Tax ID, or EIN  
(Note: Attach a Copy of an Official Government  
Photo ID Such as a Driver's License or Passport)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Joint Debtor (If Applicable)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Last Four Digits of SSN, Tax ID, or EIN  
(Note: Attach a Copy of an Official Government  
Photo ID Such as a Driver's License or Passport.)

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and Subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

[Seal]

# 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.

*Note: Typed forms and forms that include a populated Type of Payee may result in more efficient and precise processing. \*\*For handwritten forms, please see the General Instructions for the list of options for the Type of Payee, Refund recipient only. Is the refund over \$200?, and Part 4 - U.S. Tax Classification, and Part 6 - Account Type drop down menus.*

**\*\*Type of Payee**

Refund recipient only. Is the refund over \$200?

## Part 1 Payee Information

Line 1. Payee Name:

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

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

**Part 3 Enter *only one* TIN in the appropriate box.** The TIN provided must match the name given in Part 1, Line 1.

EIN: - or SSN: - -

**Part 4 \*\*Select the appropriate U.S. tax classification for person or entity listed in Part 1, Line 1.**

## Part 5 Mailing Address *(where payments, orders, and IRS 1099 forms, as applicable, will be sent)*

Street Address:

City: State: Zip code:

Point of Contact *(if different from above)*:

Name: Phone #:

Email:

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

Owner(s) name appearing on bank account:

Bank Name:

**\*\*Select an Account Type:** Routing # (9 digits):

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: \_\_\_\_\_

*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. For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-NEC; 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 Treasury on the Judiciary's behalf must collect payee TINs to comply with the 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.

**\*\*Type of Payee:** Select the option from the Payee Type drop down menu that most accurately reflects current business operations or type of individual requesting payment from the Judiciary.

The following are the available choices for this drop down menu:

- Business Entity
- Other
- Refund Recipient
- Unclaimed Fund Claimant
- Unclaimed Funds Trustee

**\*\*Refund recipient only. Is the refund over \$200?'**

- Yes
- No

### 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.

Name or Entity	Instructions
Individual	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. For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it <u>was entered</u> on your IRS Form W-7 application, line 1a.
Sole proprietor or Single member LLC	Enter the name shown on IRS 1040/1040A/1040EZ. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Partnership, LLCs, or Corporations (except Single-member LLCs)	Enter entity name as shown on the entity's U.S. tax return in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2, as applicable.
Other entities (e.g., trusts, non-profit entities, government agencies)	Enter entity name in Part 1 as shown on required U.S. tax documents which matches the entity shown on the charter or legal document creating the entity, as applicable.

### Part 1, Line 2

If this form is being completed so that a 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 (e.g., "and" or "or") or additional information for U.S. Treasury check payments (e.g., "care of") must be entered in Part 1, Line 2.

If payments 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.
A 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.
A 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.
A 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 person or entity listed in Part 1, Line 1. If you are not a resident alien and 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 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**

**\*\*U.S Tax Classification:** Select the appropriate box in Part 4 for the U.S. tax classification of the person or the entity's whose name is entered in Part 1.

The following are the available choices for this drop down menu:

- Individual
- C Corporation
- S Corporation
- Single member LLC
- Government Entity (fed, state, local)
- LLC - C Corp
- LLC - S Corp
- LLC - Partnership
- Partnership
- Trust/Estate
- Non-Profit Organization
- Attorney or Law Firm (including LLCs and corporations)

#### **Part 5**

Enter your address (number, street, and apartment or suite number). This is where your paper Treasury check and any information returns (e.g., 1099-MISC; 1099-NEC; 1099-INT), if applicable, will be mailed. A point-of-contact (POC), email, and phone number may be entered, if desired. A POC must be entered should the POC differ from the entity or individual in Part 1, Line 1.

#### **Part 6**

The Routing Number must be nine digits. If you are unsure of your banking information, consult your financial institution.

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

The following are the available choices for this drop down menu:

- Checking
- Savings

#### **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 26 CFR 301.7701-7).

For a joint account EFT payment or a joint payment by a Treasury check, only the person whose TIN is shown in Part 3 should sign.

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF COLUMBIA

In re:

,

Debtor.

Case No.

Chapter

**ORDER FOR PAYMENT OF UNCLAIMED FUNDS**

Upon application by \_\_\_\_\_ on behalf of \_\_\_\_\_ and in accordance with the provisions of 28 U.S.C. § 2042 and Local Rule 3011-1, it is

**ADJUDGED, ORDERED, and DECREED that**

1. The Clerk is directed to disburse, after 14 calendar days from entry of this order, payment to \_\_\_\_\_ and, if applicable, the “funds locator” or attorney submitting the application, \_\_\_\_\_, the sum of \$ \_\_\_\_\_ now held as unclaimed funds in the treasury for the original claimant.

[Signed and dated above.]

Copies to:  
Funds Recipient(s)  
Funds Locator or Attorney (if applicable)  
Creditor (if applicable)