

# PANEL ATTORNEY DATA

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME & MAILING ADDRESS:

\_\_\_\_\_  
(Last name, first name, middle initial or middle name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. The law firm's Taxpayer Identification Number, Name and Address are:

\_\_\_\_\_  
Taxpayer Identification Number of Law Firm

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)