



UNITED STATES DISTRICT COURT
DISTRICT OF MARYLAND

JUROR REIMBURSEMENT FORM

Please bring this form with you each day that you report to the courthouse.

Printed Name of Juror: Participant Number:

Social Security No.: Address of Juror:

PLEASE ATTACH ALL RECEIPTS TO THE BACK OF THIS FORM

Table with 6 columns: DATE PRESENT, PARKING FEES, PUBLIC TRANSPORTATION, DAILY TOLLS, DAILY ROUND TRIP MILEAGE, LODGING (if applicable)

Are you a Federal Government employee? (Yes or No):

If yes, are you a US Postal Service employee? (Yes or No):

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number...
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...
3. I am a U.S. citizen.

Certification instructions. You must cross out item 2 above 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

* Privacy Act Information: The Federal Judiciary is required by section 6041 of the Internal Revenue Code to file an information return (Form 1099) with the Internal Revenue Service containing the Social Security Number of a juror who receives \$600 or more in jury attendance fees during a calendar year.

Signature of Juror:

Rev. 1/20 For Official Use Only: Received: SSNV: