



# JUDICIAL COUNCIL OF CALIFORNIA

LEADERSHIP SERVICES DIVISION  
APPELLATE COURT SERVICES

## Judicial Council of California (JCC) and Appellate Projects Attorney Information Sheet Instructions and STD 204 form

- **The Attorney Information Sheet and the STD 204 form should be submitted:**
  - 1) By all new panel attorneys
  - 2) By current panel attorneys to make **a Change of Business or Street Address**
  - 3) By current panel attorneys to **Change Tax ID information**
  - 4) By current panel attorneys to make **a Name Change**
  - 5) **By the beneficiary of a deceased attorney**

- **All signed **original** forms are preferred to be sent via email but can be mailed to the below address:**

**APHELP@JUD.CA.GOV** OR JUDICIAL COUNCIL OF CALIFORNIA  
Accounts Payable  
455 Golden Gate Avenue, 6th Floor  
San Francisco, CA 94102

NOTE: A **copy of the forms only and not the STD204**, must be submitted to every appellate project of which you are a panel member.

Please use the following email addresses:

ADI: [eservice-court@adi-sandiego.com](mailto:eservice-court@adi-sandiego.com)

CAP/LA: [capdocs@lcap.com](mailto:capdocs@lcap.com)

CCAP: [eservice@capcentral.org](mailto:eservice@capcentral.org)

FDAP: [eservice@fdap.org](mailto:eservice@fdap.org)

SDAP: [servicesdap@sdap.org](mailto:servicesdap@sdap.org)

- **New Panel Attorneys** must submit the following to JCC Accounting at the time of joining the Appellate Project panel:
  - 1) JCC and Appellate Projects Attorney Information Sheet and form STD 204.
  - 2) Letter of Authorization, if applicable (for using EIN as law firm Tax ID)
  - 3) [Direct Deposit Form](#), if applicable

- **Current panel attorneys** must submit a JCC and Appellate Projects Attorney Information Sheet and form STD 204 for change of address, Tax ID, or name change **prior to submitting a claim**.
- **Change of Tax ID information** requires the submission of a signed original STD 204. If you are changing your tax ID information from a SSN to an EIN, you must prepare a Letter of Authorization on the firm letterhead and submit it to JCC Accounting with the STD 204. **Provide Tax ID information or changes only to the JCC.**
- **Change of Email Address:** Be sure to notify the court of a change of your email address used by that court on every open case and to also serve the other parties in the case. (Calif. Rules of Court, rules 8.32(b)(1) and 8.71(d).)
- **Beneficiary Payment Request:** In order to receive payment for pending claims from a deceased attorney, a beneficiary must fill both.

***Please allow 30 days for the JCC to update its records***

***If the JCC does not receive the correct forms in advance (at least 30 days), an error will occur when a claim is received. JCC/Appellate Court Services will contact the appellate projects for the required information and request that claims with errors be resubmitted. The result will be a delay in the processing and payment of the claim while corrected information is obtained and updated.***

**JUDICIAL COUNCIL OF CALIFORNIA (JCC) AND  
APPELLATE PROJECT ATTORNEY INFORMATION SHEET**

(See [Information Sheet instructions](#))

Check all that apply:

- Change of Address     Change of Tax ID Information     Name Change     New Panel Attorney  
 Beneficiary

\*Please submit the signed **original** of this form to:

JUDICIAL COUNCIL OF CALIFORNIA  
Attn: Accounts Payable  
455 Golden Gate Avenue, 6th Floor  
San Francisco, CA 94102-3688

APHHELP@JUD.CA.GOV OR

\*Send a copy of this form only to every appellate project of which you are a panel member.

\*Remember to notify the court and client on every open case whenever you change your address.

**PLEASE TYPE OR PRINT LEGIBLY**

Last Name _____ First Name _____ Middle Initial _____
State Bar # _____ Law Firm Name (If applicable) _____
Phone _____ Fax _____
JCC/Project contact email address _____
E-Filing email address (if different) _____
<b>A. Business Address</b> (available to court and clients; may be P.O. Box).  _____  _____  _____  <i>Be sure to include postal box number or street address, suite, city, state, ZIP Code.</i> County _____ Is this address a Private Mail Box?* Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>*Note:</b> If this is a Private Mail Box, there are postal regulations that dictate how the address <b>must</b> be formatted. Check with your PMB vendor, or search "PMB" on the <a href="#">U.S. Postal Service</a> website for further instructions.
<b>B. If the above address is a post office box, you MUST provide a Street Address</b> for receipt of transcripts. <i>This address will not be disclosed to clients.</i>  _____  _____  _____
→ <b>PLEASE NOTE:</b> If you have shown two addresses above, indicate <b>at which address</b> you wish to receive your compensation checks (unless you have opted for direct deposit): <b>A. Business</b> <input type="checkbox"/> <b>B. Street Address</b> <input type="checkbox"/>
<b>**IMPORTANT INSTRUCTIONS FOR TAX ID INFORMATION**</b> Submit an original signed STD 204 form and send the original signed copy of this form to the JCC email address or address above when joining the panel or making Tax ID changes.

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

**Please allow 30 days for the JCC to update its records**

November 2024

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

**Section 1 – Payee Information****NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)**CITY, STATE, ZIP CODE****E-MAIL ADDRESS****Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2) **SOLE PROPRIETOR / INDIVIDUAL** **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual* **PARTNERSHIP** **ESTATE OR TRUST** **CORPORATION** (see instructions on page 2) **MEDICAL** (e.g., dentistry, chiropractic, etc.) **LEGAL** (e.g., attorney services) **EXEMPT** (e.g., nonprofit) **ALL OTHERS****Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

**Social Security Number (SSN) or Individual Tax Identification Number (ITIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR****Federal Employer Identification Number (FEIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 4 – Payee Residency Status** (See instructions) **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California. **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding. No services performed in California Copy of Franchise Tax Board waiver of state withholding is attached.**Section 5 – Certification****I hereby certify under penalty of perjury that the information provided on this document is true and correct.****Should my residency status change, I will promptly notify the state agency below.****NAME OF AUTHORIZED PAYEE REPRESENTATIVE****TITLE****E-MAIL ADDRESS****SIGNATURE****DATE****TELEPHONE** (include area code)**Section 6 – Paying State Agency****Please return completed form to:****STATE AGENCY/DEPARTMENT OFFICE****UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

**GENERAL INSTRUCTIONS**

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

**NOTE:** Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

**Section 1 – Payee Information**

**Name** – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

**Business Name** – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

**Mailing Address** – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

**Section 2 – Entity Type**

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

**Section 3 – Tax Identification Number**

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

**Section 4 – Payee Residency Status****Are you a California resident or nonresident?**

- A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.
- A partnership is considered a resident partnership if it has a permanent place of business in California.
- An estate is a resident if the decedent was a California resident at time of death.
- A trust is a resident if at least one trustee is a California resident.
  - For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900

E-mail address: [wscs.gen@ftb.ca.gov](mailto:wscs.gen@ftb.ca.gov)

For hearing impaired with TDD, call: 1-800-822-6268

Website: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**Section 5 – Certification**

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

**Section 6 – Paying State Agency**

This section must be completed by the state agency/department requesting the STD 204.

**Privacy Statement**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.