

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 Northern District of West Virginia

Case number:

WVNB Form 1340 (1/20)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the Clerk of Court for the U.S. Bankruptcy Court for the Northern District of West Virginia. 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:**2. Applicant Information**

Applicant² 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 Record³ 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.

3. Supporting Documentation

- ☐ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

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:

Office of the United States Attorney
Northern District of West Virginia
U.S. Courthouse and Federal Building
Suite 3000
1125 Chapline Street
Wheeling, WV 26003

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: _____

REQUEST FOR VENDOR INFORMATION AND TIN CERTIFICATION

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

*Note: Typed forms and forms that include a populated Type of Vendor 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 Vendor, Part 3 - SSN/EIN, Part 5 - U.S. Tax Classification, and Part 8 - Account Type drop down menus.*****Type of Vendor****Intern vendors only (effective end date):****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 your TIN in the appropriate box.** The TIN provided must match the name given in Part 1, Line 1. ******

EIN: -

SSN: - -

Part 4 SAM UEI # *(if applicable)***Part 5 **Select the appropriate U.S. tax classification for person or entity listed in Part 1, Line 1.****Part 6 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 Part 1, Line 1 above)* Name:Phone #: *(no dashes)* Email address:**Part 7 Additional Address Information** *(if different from above)*

Street address:

City: State: Zip code:

Part 8 Electronic Funds Transfer (EFT) Information

Owner(s) name as it appears on bank account:

Bank Name:

****Select an Account Type:** Routing # (9 digits):Account Number: *(do not include check number)***Part 9 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 213: The Judiciary utilizes the AO 213 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.

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

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

- Billing/Accounts Receivable
- Business Entity
- Court Reporter
- Fed Pub Defender
- Intern
- Juror
- Refund

Intern vendors, enter the effective end date only if intern vendor is selected in the Type of Vendor drop down.

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 was entered on your IRS form W-7 application, line 1a.
Sole Proprietor or Single Member LLC	Enter the name shown on the 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.
Medical and Healthcare Providers	Enter the name shown on the IRS 1040/1040A/1040EZ. 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 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.

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

****TIN Type:** Select the appropriate TIN type from the TIN drop down menu. The following are the available choices for this drop down menu:

- EIN
- SSN

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

If applicable, enter your 12 alpha-numeric SAM Unique Entity Identifier (SAM UEI).

Part 5

****U.S Tax Classification:** Select the appropriate box in Part 5 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:

- Attorney or Law Firm (including LLCs and corporations)
- C Corporation (non-health/medical care provider nor attorney/law firm)
- S Corporation (non-health/medical care provider nor attorney/law firm)
- Government Entity (fed, state, local)
- Individual
- LLC - C Corp (non-health/medical care provider nor attorney/law firm)
- LLC - S Corp (non-health/medical care provider nor attorney/law firm)
- LLC - Partnership (non-health/medical care provider nor attorney/law firm)
- Medical or Health Care Provider (including LLCs and Corporations)
- Non-Profit
- Partnership
- Single-member LLC
- Sole Proprietor
- Trust/Estate

Part 6

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 7

If you have an additional address other than the address provided in Part 6, such as a physical address different from the mailing address for payment and information returns, you may enter it here.

Part 8

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 9

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.

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA**

IN RE:)	
)	
)	Case No.:
)	
Debtor(s).)	Chapter

ORDER GRANTING APPLICATION TO WITHDRAW UNCLAIMED FUNDS

The Claimant filed an Application to Withdraw Unclaimed Funds from the Court's Unclaimed Funds Register. The Claimant represents to be either the owner of record of the funds or an authorized representative of the owner of record. After reviewing the Application, and after notice and an opportunity for a hearing, the Court finds:

1. The Court is holding unclaimed funds in its Unclaimed Funds Registry for the benefit of the owner of record, whose name, address, and last four digits of the owner's social security number or taxpayer identification number are:

2. The Claimant filed an Application to Withdraw Unclaimed Funds from the Court's Unclaimed Funds Registry. The Claimant is a creditor or debtor in the above-captioned bankruptcy case, or is an authorized representative of the creditor or debtor for whom funds are being held. The name, address, and telephone number of the Claimant are:

3. On receipt of the Claimant's Application to Withdraw Unclaimed Funds, the Clerk of Court issued notice to the United States Attorney of the Application allowing a specified period of time for the filing of an objection to the Application to Withdraw Unclaimed Funds.

4. No party timely filed an objection to the Application to Withdraw Unclaimed Funds.

5. The Claimant has established to the Court's satisfaction that the Claimant is entitled to payment of the unclaimed funds from the Court's registry.

Therefore, it is

ORDERED that the Application to Withdraw Unclaimed Funds be and hereby is **GRANTED**, and fourteen days following the entry of this Order, the Clerk of Court is directed to pay unclaimed funds¹ to the below payee in the amount specified:

Amount to be Paid:

Name of Payee, and Payee's Address:

Order prepared by (name, address, and telephone number):

¹ The Clerk of Court may withhold payment of unclaimed funds until such time as the payee submits a completed AO 213; provided that the AO 213 is not already of record in the case.

Instructions for Filing Application for Payment of Unclaimed Funds

United States Bankruptcy Court, Northern District of West Virginia

Unclaimed funds are held by the court for an individual or entity who is entitled to the money but who has failed to claim ownership of it. The United States Bankruptcy Court, as custodian of such funds deposited in this District, has established policies and procedures for holding, safeguarding, and accounting for the funds.

I. Searching Unclaimed Funds

To search unclaimed funds, use the [Unclaimed Funds Locator](https://ucf.uscourts.gov/) at <https://ucf.uscourts.gov/>. Select WVNB from the drop-down list and enter the applicable search criteria. If you need access to a computer to perform the search, you may use the court's public computer terminal located at 1125 Chapline Street, Room 314, Wheeling, West Virginia 26003. Additionally, you may contact the Clerk's office at 304-233-1655 to verify unclaimed funds balances.

II. Filing Requirements for Payment of Unclaimed Funds

a. Application for Payment of Unclaimed Funds

Any party who seeks the payment of unclaimed funds must file an Application for Payment of Unclaimed Funds in substantial conformance with the court's standard application form, WVNB Form 1340 (1/20) and serve a copy of the application on the United States Attorney for the Northern District of West Virginia. For purposes of this procedure, the "Applicant" is the party filing the application, and the "Claimant" is the party entitled to the unclaimed funds. The Applicant and Claimant may be the same.

b. Supporting Documentation

1. Payee Information

Funds are payable to the Claimant. In conjunction with the Application for Payment of Unclaimed Funds, Claimant's tax identification number (TIN) must be provided to the court on a certification form signed by the Claimant to whom funds are being distributed.

A. Domestic Claimant

A Claimant who is a U.S. person¹ must use either the [AO 213](#) or W-9 certification form (accessible by searching on the Internal Revenue Service (IRS) website at: <https://www.irs.gov/>).

¹ "U.S. person" includes: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S.; an estate (other than a foreign estate); or a domestic trust (as defined in 26 C.F.R. 301.7701-7).

If a Claimant wants payment via Electronic Funds Transfer (EFT), then the [AO 213](#) form must be used. Form AO 213 is attached to these instructions.

B. Foreign Claimant

A foreign Claimant must use a W-8 certification form (accessible by searching on the IRS website at: <https://www.irs.gov/>) accompanied by the [AO-215](#) form.

C. Funds Payable to an Unclaimed Funds Locator

If an application to pay unclaimed funds is granted and the an applicant is an unclaimed funds locator, the court will make the funds payable to both the original claimant and the unclaimed funds locator.

2. Additional Supporting Documentation

Requirements for additional supporting documentation vary depending on the type of Claimant and whether the Claimant is represented. Please read the instructions below to identify what must accompany your Application for Payment of Unclaimed Funds.

Sufficient documentation must be provided to the court to establish the Claimant's identity and entitlement to the funds. Proof of identify must be provided in unredacted form with a current address. If there are joint Claimants, then supporting documentation must be provided for both Claimants.

A. Owner of Record

The Owner of Record is the original payee entitled to the funds appearing on the records of the court. If the Claimant is the Owner of Record, the following additional documentation is required:

i. Owner of Record - Individual

- a. Proof of identity of the Owner of Record (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address); and
- b. A notarized signature of the Owner of Record (incorporated in application).

ii. Owner of Record - Business or Government Entity

- a. Application must be signed by an authorized representative for and on behalf of the business or government entity;
- b. A notarized statement of the signing representative's authority; and
- c. Proof of identity of the signing representative (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address).
- d. To complete and file the Application, a business need not be represented by an attorney.

If the Owner of Record's name has changed since the funds have been deposited with the

court, then proof of the name change must be provided.

B. Successor Claimant

A successor Claimant may be entitled to the unclaimed funds as a result of assignment, purchase, merger, acquisition, succession or by other means. If the Claimant is a successor to the original Owner of Record, the following documentation is required:

i. Successor Claimant - Individual

- a. Proof of identity of the successor Claimant (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address);
- b. A notarized signature of the successor Claimant (incorporated in application); and
- c. Documentation sufficient to establish chain of ownership or the transfer of claim from the original Owner of Record.

ii. Successor Claimant – Business or Government Entity

- a. Application must be signed by an authorized representative for and on behalf of the successor entity;
- b. A notarized statement of the signing representative's authority;
- c. A notarized power of attorney signed by an authorized representative of the successor entity;
- d. Proof of identity of the signing representative (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address); and
- e. Documentation sufficient to establish chain of ownership or the transfer of claim from the original Owner of Record.

iii. Deceased Claimant's Estate

- a. Proof of identity of the estate representative (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current address);
- b. Certified copies of probate documents or other documents authorizing the representative to act on behalf of the decedent or decedent's estate in accordance with applicable state law (*e.g.*, small estate affidavit); and
- c. Documentation sufficient to establish the deceased Claimant's identity and entitlement to the funds.

C. Claimant Representative

If the Applicant is Claimant's attorney or other representative, the following documentation is required:

- i. Proof of identity of the representative (*e.g.*, unredacted copy of driver's license, other state-issued identification card, or U.S. passport that includes current

- address);
- ii. A notarized power of attorney signed by the Claimant (or Claimant's authorized representative) on whose behalf the representative is acting; and
 - iii. Documentation sufficient to establish the Claimant's identity and entitlement to the funds, as set forth above.

c. Filing the Application

The application, supporting documentation, certificate of service, and proposed order must be mailed to the court at the following address:

Clerk, United States Bankruptcy Court,
Northern District of West Virginia
PO Box 70
Wheeling, WV 26003

For claimants in multiple cases: a separate Application must be prepared for each case with all the above requirements attached to each Application.

d. Post-Filing Process

On receipt of the Application for Payment of Unclaimed Funds, the Bankruptcy Clerk will generally issue a notice to certain interested parties informing them of the filing of your Application and of the time within which an objection to your Application must be filed. Generally, the Clerk affords a 21-day period after receipt of the Application for the filing of an objection. If an objection is timely filed, the Clerk will set a hearing before the Court. If the Applicant is a corporation, the Applicant must be represented by an attorney for the Court proceeding. If no objection is timely filed, and the Applicant has submitted supporting documentation to the satisfaction of the Clerk and the Court, the Court may consider the Application without a hearing. If the Application is found to be deficient by the Clerk or Court, the Clerk's Office may contact the Applicant for additional information.

If the Court grants the Application, no funds are payable by the Clerk for a period of 14-days after entry of the Court's Order. The Applicant's failure to submit a Form AO 213, or its equivalent, may result in the denial of the Application without prejudice.

III. Links

[AO-213](#)

W-9 (accessible by searching on the IRS website at: <https://www.irs.gov/>)

W-8 (accessible by searching on the IRS website at: <https://www.irs.gov/>)

[AO 215](#)