

Announcement # 24-105**Date:** September 27, 2024

Form 4506-C Completion Requirements (Updated)

Effective immediately, Advantus and Credit Plus have been removed as eligible vendors for 4506-C purposes. Both Advantus and Credit Plus were previously combined under the name Xactus. In February 2024, Xactus notified all active transcript customers to use the Xactus, LLC participant information (referenced below in this announcement) on the 4506-C form. Correspondents may use any of the approved vendors referenced below.

4506-C Reminder

As previously announced (Announcement 24-39), Pennymac reviews and remediates inaccurate or improperly executed 4506-Cs at loan delivery.

Requirements:

- Section 5a (IVES participant name, ID number, SOR mailbox ID, and address) contains an approved Pennymac vendor IVES vendor. The approved vendors are listed below.
- Sections 5b and 5c be left blank to ensure the form can be processed by the selected IVES participant.

Failure to properly complete the 4506-C form with these requirements may result in a purchase delay and/or loans being conditioned for an updated 4506-C form or an appropriate tax transcript.

Please refer to the Pennymac Seller's Guide: General Eligibility > General Closing Specifications for additional information and full requirements.

Please contact your Sales Representative with any questions.

IVES Participant Section 5a consists of the following fields:

5a.I: IVES participant name

5a.II: IVES participant ID number

5a.III: IVES participant SOR Mailbox ID

5a.IV: IVES participant Street address

5a.V: IVES participant City

5a.VI: IVES participant State

5A.VII: IVES participant ZIP Code

Please contact your Sales Representative with any questions.

CoreLogic Credco

5a.I: CoreLogic Credco
 5a.II: 302617
 5a.III: CLGX4506T
 5a.IV: 40 Pacifica #900
 5a.V: Irvine
 5a.VI: CA
 5A.VII: 92618

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name Corelogic Credco	ii. IVES participant ID number 302617	iii. SOR mailbox ID CLGX4506T	
iv. Street address (including apt., room, or suite no.) 40 Pacifica #900	v. City Irvine	vi. State CA	vii. ZIP code 92618
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	

DataVerify

5a.I: DataVerify
 5a.II: Leave Blank
 5a.III: Leave Blank
 5a.IV: 250 E. Broad Ste., Suite 2100
 5a.V: Columbus
 5a.VI: OH
 5A.VII: 43215

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name DataVerify	ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.) 250 E. Broad St., Suite 2100	v. City Columbus	vi. State OH	vii. ZIP code 43215
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	

Equifax Workforce Solutions, LLC

5a.I: Equifax Workforce Solutions, LLC
 5a.II: 300005
 5a.III: EQUIFAX01
 5a.IV: 11432 Lackland Road
 5a.V: Saint Louis
 5a.VI: MO
 5A.VII: 63146

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name Equifax Workforce Solutions, LLC		ii. IVES participant ID number 300005	iii. SOR mailbox ID EQUIFAX01
iv. Street address (including apt., room, or suite no.) 11432 Lackland Road		v. City Saint Louis	vi. State MO
			vii. ZIP code 63146
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	

Informative Research

5a.I: Informative Research
 5a.II: 0000301295
 5a.III: CORTNEY123
 5a.IV: 13030 Euclid St
 5a.V: Garden Grove
 5a.VI: CA
 5A.VII: 92843

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name Informative Research	ii. IVES participant ID number 0000301295	iii. SOR mailbox ID cortney123	
iv. Street address (including apt., room, or suite no.) 13030 Euclid St	v. City Garden Grove	vi. State CA	vii. ZIP code 92843
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	

NCS TRV Processing

5a.I: NCS TRV Processing
 5a.II: Leave Blank
 5a.III: Leave Blank
 5a.IV: P.O. Box 1089
 5a.V: Hammonton
 5a.VI: NJ
 5A.VII: 08037

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name NCS TRV Processing	ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.) P.O. Box 1089	v. City Hammonton	vi. State NJ	vii. ZIP code 08037
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	

TaxReturnVerifications.com

5a.I: TaxReturnVerifications.com
 5a.II: 301300
 5a.III: ORDER4506
 5a.IV: 327 Caldwell Dr #100
 5a.V: Goodlettsville
 5a.VI: TN
 5A.VII: 37072

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name TaxReturnVerifications.com		ii. IVES participant ID number 301300	iii. SOR mailbox ID ORDER4506
iv. Street address (including apt., room, or suite no.) 327 Caldwell Dr #100		v. City Goodlettsville	vi. State TN
		vii. ZIP code 37072	
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))			

Veri-Tax LLC

5a.I: Veri-Tax LLC
 5a.II: 0000301975
 5a.III: OGEN4506
 5a.IV: 30 Executive Park, Suite 200
 5a.V: Irvine
 5a.VI: CA
 5A.VII: 92614

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name Veri-Tax LLC		ii. IVES participant ID number 0000301975	iii. SOR mailbox ID OGEN4506
iv. Street address (including apt., room, or suite no.) 30 Executive Park, Suite 200		v. City Irvine	vi. State CA
		vii. ZIP code 92614	
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	

Xactus, LLC

5a.I: Xactus, LLC
 5a.II: 0000304771
 5a.III: Leave Blank
 5a.IV: 370 Reed Road Suit 100
 5a.V: Broomall
 5a.VI: PA
 5A.VII: 19008

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name Xactus, LLC		ii. IVES participant ID number 0000304771	iii. SOR mailbox ID
iv. Street address (including apt., room, or suite no.) 370 Reed Road Suite 100		v. City Broomall	vi. State PA
		vii. ZIP code 19008	
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))			

Form 4506-C (October 2022)		Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return		OMB Number 1545-1872
Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible. For more information about Form 4506-C, visit www.irs.gov and search IVES.				
1a. Current name		2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial
1b. First taxpayer identification number (see instructions)		2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a		2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)				
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code
4. Previous address shown on the last return filed if different from line 3 (see instructions)				
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code
5a. IVES participant name, ID number, SOR mailbox ID, and address				
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)		v. City	vi. State	vii. ZIP code
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))				
i. Client name		ii. Telephone number		
iii. Street address (including apt., room, or suite no.)		iv. City	v. State	vi. ZIP code
Caution: This tax transcript is being sent to the third party entered on line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)				
6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts				
a. Return Transcript <input type="checkbox"/>		b. Account Transcript <input type="checkbox"/>		c. Record of Account <input type="checkbox"/>
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)				
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.				
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers				
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>		
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)				
/ /		/ /		
Caution: Do not sign this form unless all applicable lines have been completed.				
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.				
<input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.				
Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a	
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name				
Title (if line 1a above is a corporation, partnership, estate, or trust)				
Spouse's signature (required if listed on Line 2a)		Date		
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed		
Print/Type name				

LINE 1a.iii: Field is limited to a maximum of 22 characters

LINES 2a: Enter the name of the spouse as it appears on the most recent tax return

LINES 2b: Enter the spouse's SSN

- IMPORTANT REMINDERS**
- **IRS Form dated October 2022 is required**
 - Form content **must be legible**
 - Alterations to the form information **cannot be made by any party**
 - Dates must be in MM/DD/YYYY format
 - Date **must fall within 120 days** of IRS receipt

LINE 8 (REQUIRED): Enter the fiscal tax year(s) requested in MM/DD/YYYY format

DATE: Enter the signature date in MM/DD/YYYY format. The form will be rejected if the date is past 120 calendar days from the signing date to the date processed by the IRS

PRINT/TYPER NAME: The signatory name **must be printed/typed** below the respective signature

TITLE: Title of signatory must be found in the acceptable business / trust title section above.

LINE 1a (REQUIRED): Enter name of the borrower as it appears on the most recent tax return

LINE 1b (REQUIRED): Enter the SSN of the borrower

LINE 3 (REQUIRED): Enter current address, including unit, or suite number

LINE 4: Enter address as it appears on the most recent tax return if different from the address on line 3. This line can contain multiple previous addresses

LINE 5a (REQUIRED): Must contain one of the Pennymac approved IVES Vendors. Limited to one company. **Cannot be left blank.**

LINE 5b and 5c: Must be left blank

LINE 5d: Enter the Correspondent name here. Must contain only one name, cannot use c/o or DBA. **Cannot be left blank.**

LINE 6: Enter return type requested (1040, 1120, 1120S, or 1065). Do not select if selecting line 7.

LINE 6a-c: Only check box 6a. Leave 6b and 6c blank

LINE 7: Check the box if you desire form W-2, 1098-E, 1099-G or 5498 series etc. Do not select if selecting line 6.

REQUIRED: Check signatory box

SIGNATURE: Primary taxpayer and/or spouse (if joint return) **must sign the form exactly as it appears on the tax return** for the most recent tax year requested. If the name changed, sign both the current name and former name