

Date: September 27, 2024

Announcement # 24-105

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 City5a.VI: IVES participant State5A.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 CLGX450	
iv. Street address (including apt., room, or suite no.) 40 Pacifica #900	v. aty Irvine	vi. State CA	vii. ZIP ∞de 92618
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable)	(see instructions	

DataVerify

5a.I: DataVerify5a.II: Leave Blank5a.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
v. 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	s)

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	EQUIFAX	
lv. Street address (including apt., room, or suite no.) 11432 Lackland Road	Saint Louis	vi. State MO	vii. ZIP code 63146
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable)	(see instructions	5)



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 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	5)

NCS TRV Processing

5a.I: NCS TRV Processing

5a.II: Leave Blank5a.III: Leave Blank5a.IV: P.O. Box 10895a.V: Hammonton

5a.VI: NJ 5A.VII: 08037

5a. IVES participant name, ID number, SOR mailbox ID, and address			
NES participant name NCS TRV Processing	II. IVES participant ID number	III. SOR mailbox	t 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 (# applicable)	(see instructions	9)

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	· ·-

iv. Street address (including apt., room, or suite no.)	v. City	vi. State	vii. ZIP code
327 Caldwell Dr #100	Goodlettsville	TN	37072
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable) (see instructions	i)
5d. Client name, telephone number, and address (this field cannot be blank or not applicate	ble (NA))		



Veri-Tax LLC

5a.I: Veri-Tax LLC 5a.II: 0000301975 5a.III: 0GEN4506

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 numbe 0000301975	er III. SOR mail		1
lv. Street address (including apt., room, or suite no.) 30 Executive Park, Suite 200	v. City I rvin e	vI. State CA	vil. ZIP code 92614	1
Sb. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if appli	icable) (see instructi	ons)	1

Xactus, LLC

5a.I: Xactus, LLC5a.II: 00003047715a.III: Leave Blank

5a.IV: 370 Reed Road Suit 100

5a.V: Broomall5a.VI: PA5A.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	K ID
iv. Street address (including apt., room, or suite no.) 370 Reed Road Suite 100	v. aty Broomall	vi. State PA	vii. ZIP code 19008
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable) (see instructions	s)
5d. Client name, telephone number, and address (this field cannot be blank or not applicate)	able (NA))		



Completing the 4506-C: Reference Guide

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 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

Form 4506-C (October 2022)	IN	Department of VES Request		nternal Revenue Service SCript of Tax			OMB No 1545-1	
		Request may be	e rejected if the for	able lines have been comp in is incomplete or linguo visit www.irs.gov and sea	0.			
		Por more information at						
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a. First taxpayer identifica	ation number (see i	instructions)	26	Spouse's taxpayer identific for both taxpayers)	cation number (# join	t return and	transcripts are	requested
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		uite no.), city, state, and ZIP o						
Street address (Includin	g apt., room, or suit	te no.)	b.	City	c. State	d. ZIP cod	e	
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For Privacy Act and Paperwork Reduction Act Notice, see page 2.

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/TYPE 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.