

**Announcement #24-47****Date:** May 10, 2024

## Form 4506-C Completion Requirements (Updated)

*Updated on 5/10/2024: NCS added as an IVES participant.*

In conjunction with enhanced enforcement from the GSEs, Pennymac will begin the review and remediation of inaccurate or improperly executed 4506-Cs within both the eligibility and purchase reviews. In addition to the requirements and best practices that were provided in [Announcement 23-39](#), Pennymac will now also require that:

- 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.

As a reminder, a signed and executable 4506-C is not a requirement for the following:

1. Loan files delivered with the applicable tax transcript(s),
2. Fannie Mae mortgages using the DU Validation Service where all of the borrower's income has been validated, and DU returns Approve/Eligible recommendation on the final submission of the loan casefile and meets the requirements in the Fannie Mae Selling Guide,
3. Freddie Mac mortgages using automated income assessment (AIM) with Loan Product Advisor® (LPA) using employed income data or account data that receive a Risk Class of Accept on the final loan submission to LPA and meet the requirements in the Freddie Mac Selling Guide.

The Pennymac Seller's Guide (General Eligibility/General Closing Specifications Section) will be updated to meet the requirements outlined in this announcement.

Clients may comply with this new guidance immediately, but it is effective with loan deliveries on or after July 1, 2024.

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

**Avantus**

5a.I: Avantus  
 5a.II: 0000301645  
 5a.III: NGWLEJUO2Q  
 5a.IV: 600 Saw Mill Road  
 5a.V: West Haven  
 5a.VI: CT  
 5A.VII: 06516

<b>5a.</b> IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name <b>AVANTUS</b>		ii. IVES participant ID number <b>0000301645</b>	iii. SOR mailbox ID <b>NGWLEJUO2Q</b>
iv. Street address (including apt., room, or suite no.) <b>600 SAW MILL ROAD</b>		v. City <b>WEST HAVEN</b>	vi. State <b>CT</b>
			vii. ZIP code <b>06516</b>
<b>5b.</b> Customer file number (if applicable) (see instructions)		<b>5c.</b> Unique identifier (if applicable) (see instructions)	

**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

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

**Credit Plus Inc.**

5a.I: Credit Plus Inc.  
 5a.II: 0000301670  
 5a.III: UTAH21804  
 5a.IV: 31550 Winterplace Pkwy  
 5a.V: Salisbury  
 5a.VI: MD  
 5A.VII: 21804

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name <b>Credit Plus Inc.</b>	ii. IVES participant ID number <b>0000301670</b>	iii. SOR mailbox ID <b>UTAH21804</b>	
iv. Street address (including apt., room, or suite no.) <b>31550 Winterplace pkwy</b>	v. City <b>Salisbury</b>	vi. State <b>MD</b>	vii. ZIP code <b>21804</b>

## 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 <b>DataVerify</b>	ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.) <b>250 E. Broad St., Suite 2100</b>	v. City <b>Columbus</b>	vi. State <b>OH</b>	vii. ZIP code <b>43215</b>
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 <b>Equifax Workforce Solutions, LLC</b>	ii. IVES participant ID number <b>300005</b>	iii. SOR mailbox ID <b>EQUIFAX01</b>	
iv. Street address (including apt., room, or suite no.) <b>11432 Lackland Road</b>	v. City <b>Saint Louis</b>	vi. State <b>MO</b>	vii. ZIP code <b>63146</b>
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

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

## 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

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

## 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

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

## 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

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

<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>			
i. IVES participant name <b>Xactus, LLC</b>		ii. IVES participant ID number <b>0000304771</b>	iii. SOR mailbox ID
iv. Street address (including apt., room, or suite no.) <b>370 Reed Road Suite 100</b>		v. City <b>Broomall</b>	vi. State <b>PA</b>
			vii. ZIP code <b>19008</b>
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))			

# 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 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

Form <b>4506-C</b> (October 2022)		Department of the Treasury - Internal Revenue Service <b>IVES Request for Transcript of Tax Return</b>		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 <a href="http://www.irs.gov">www.irs.gov</a> and search IVES.					
<b>1a. Current name</b> i. First name    ii. Middle initial    iii. Last name/BMF company name			<b>2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)</b> i. Spouse's first name    ii. Middle initial    iii. Spouse's last name		
<b>1b. First taxpayer identification number (see instructions)</b>			<b>2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)</b>		
<b>1c. Previous name shown on the last return filed if different from line 1a</b> i. First name    ii. Middle initial    iii. Last name			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b> i. First name    ii. Middle initial    iii. Last name		
<b>3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</b> a. Street address (including apt., room, or suite no.)    b. City    c. State    d. ZIP code					
<b>4. Previous address shown on the last return filed if different from line 3 (see instructions)</b> a. Street address (including apt., room, or suite no.)    b. City    c. State    d. ZIP code					
<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b> 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					
<b>5b. Customer file number (if applicable) (see instructions)</b>			<b>5c. Unique identifier (if applicable) (see instructions)</b>		
<b>5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))</b> i. Client name    ii. Telephone number iii. Street address (including apt., room, or suite no.)    iv. City    v. State    vi. ZIP code					
<b>Caution:</b> 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)					
<b>6. Transcript requested.</b> 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"/>					
<b>7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)</b> <input type="checkbox"/>					
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) / /    / /    / /					
<b>Caution:</b> Do not sign this form unless all applicable lines have been completed.					
<b>Signature of taxpayer(s).</b> 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, 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. <b>Note:</b> 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			
<b>Sign Here</b> 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/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.