

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 <u>Announcement 23-39</u>, 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 number5a.III: IVES participant SOR Mailbox ID5a.IV: IVES participant Street address



5a.V: IVES participant City5a.VI: IVES participant State5A.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

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

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	1		1
i. IVES participant name Corelogic Credco	ii. IVES participant ID number 302617	er iii. SOR mailbo	
iv. Street address (including apt., room, or suite no.) 40 Pacifica #900	v. City Irvine	vi. State CA	vii. ZIP ∞de 92618
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applie	cable) (see instruction	s)

Credit Plus Inc.

5a.l: Credit Plus Inc.5a.ll: 00003016705a.ll: UTAH21804

5a.IV: 31550 Winterplace Pkwy

5a.V: Salisbury5a.VI: MD5A.VII: 21804



5a. IVES participant name, ID number, SOR mailbox ID, and address			
I. IVES participant name Credit Plus Inc.	ii. IVES participant ID number 0000301670	UTAH218	
iv. Street address (including apt., room, or suite no.) 31550 Winterplace pkwy	v. City Salisbury	vi. State MD	vii. ZIP code 21804

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

ii. IVES participant ID number	iii. SOR mailbox	(ID
04	0	21D d-
	l	vii. ZIP code 43215
+ + - + + +		
oc. or inque toer timer (in appricable)	(Lage Matterday)	9
	v. City Columbus	v. City vi. State

Equifax Workforce Solutions, LLC

5a.I: Equifax Workforce Solutions, LLC

5a.III: 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	EQUIFA	
lv. Street address (including apt., room, or suite no.) 11432 Lackland Road	Saint Louis	vi. State MO	vil. ZIP code 63146
5b. Customer file number (if applicable) (see instructions)	Sc. 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

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

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 INCS TRV Processing	II. IVES participant ID number	III. SOR mailbox	ID
iv. Street address (including apl., 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 (Fapplicable)	(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			
IVES participant name TaxReturnVerifications.com	ii. IVES participant ID number 301300	iii. SOR mailbox ORDER4	
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 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	il. IVES participant ID numb 0000301975	er III. SOR mail OGEN4		1
v. Street address (including apt., room, or suite no.) 30 Executive Park, Suite 200	y. Gity I rvin e	vI. State CA	vil. ZIP code 92614	!
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if appli	icable) (see instruction	ons)	T.

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. aty 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	olo (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, 4 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

Current address (including apt., nom, or aulie no.). city, state, and ZIP code (see instructions) Size and address (including apt., nom, or aulie no.) Previous address shown on the last return filed if different from line 3 (see instructions) Size and address (including apt., nom, or aulie no.) In the participant name, ID number, SOR malibox ID, and address INES participant name, ID number, SOR malibox ID, and address INES participant name II. INES participant name II. INES participant name III. Size at address (including apt., nom, or aulie no.) IV. City IV. City IV. State III. Size at address (including apt., nom, or aulie no.) IV. City IV. City IV. State III. Size at address (including apt., nom, or aulie no.) IV. City IV. State III. Size at address (including apt., nom, or aulie no.) IV. City IV. City IV. State IV. Sta		506-C er 2022)	l n			ry - Internal Revenue Ser anscript of Ta			OMB Number 1545-1872
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Pervious address shown on the last return filed if different from line 3 (see instructions)	I. Current ar	ddress (includi	ng apt., room, or s	suite no.), city, state, and ZIP	code (see instr	uctions)			
Breet address (including apt., room, or suite no.) a. NES participant name, ID number, SOR mailbox ID, and address **NES participant name** ### LIVES participant ID number ### LIVES participant	. Street add	dress (includin	g apt., room, or su	ite no.)		b. City	c. State	d. ZIP code	
to the checkbox for taxpayer(s). I clockwork the ending date of the tax year or period using the man of taxpayer(s). I clockwork to sign this form numbers all applicable. Enter the ending date of the tax year or period using the man of taxpayer(s). I clockwork to sign this form numbers all applicable date to the support of taxpayer(s). I clockwork for support of taxpayer(s). I control sign this form number are and paying the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers income to sign this form numbers that paying forms and the support of taxpayer(s). I control sign this form numbers have completed. I clockwork to sign this form numbers have completed. I clockwork to support the support of the paying forms will be sent. Nark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers ince to sign this form numbers have completed. I clockwork to sign this form numbers have the paying the man of these form numbers have; of the paying forms will be sent. Nark 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 to a line to support the support of taxpayer should be sent. Year or period requested. Enter the ending date of the tax year or period using the mm did yyyy format (see instructions) / / / / / / / / / / / / / / / / / / /	. Previous	address show	on the last return	filed if different from line 3 (s	see instructions)			_	
R IVES participant name	. Street add	dress (includin	g apt., room, or su	ite no.)		b. City	c. State	d. ZIP code	
b. Customer file number (if applicable) (see instructions) 5c. Unique identifier (if applicable) (see instructions) 5c. Unique identifier (if applicable) (see instructions) 5c. Unique identifier (if applicable) (see instructions) 6c. See instructions) 6c. See instructions 6c. See ins			ID number, SOR	mailbox ID, and address		# B#6	- III 000 -		
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d. Client name, telephone number, and address (this field cannot be blank or not applicable (NAI) Client name II. Street address (including apt., room, or suite no.) Iv. City IV. State III. Telephone number III. Telephone n	v. Street ad	dress (includin	g apt., room, or su	ite no.)		v. City	vi. State	vii. ZIP code	,
II. Street address (including apt., room, or suite no.) In City	Sb. Custome	er file number (if applicable) (see	instructions)		5c. Unique identifier (if ap	plicable) (see instruction	ns)	
is. Street address (including apt., room, or suite no.) ix. City ix. State ix. City ix. City			number, and add	ress (this field cannot be blac	nk or not applica	able (NA))			
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Einsure that lines 5 through 8 are completed before signing, (see instructions) 1. 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. 1. Return Transcript	Client nam	ne .						ii. Telephone	number
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 Return Transcript b. Account Transcript c. Record of Account Wage and income transcript (W-2, 1098-E, 1099-G, etc.) Enter a max of three form numbers here; if no entry is made, all forms will be sent. 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 Line 2a Line 2a Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) / / / / / / / / / / / / / / / / / / /	i. Street ad	idress (includin	g apt., room, or su	ite no.)		lv. City	v. State	vi. ZIP code	
B. 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 B. Return Transcript D. Account Transcript D. Account Transcript D. Account Transcript C. Record of Account T. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) D. 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 Line 2a D. 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 equested. If the request applies to a joint return, at least one spouse must slight 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 ignature dire. 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 least steel in line 1a (see instructions) Title (if line 1a above is a corporation, partnership, estate, or trust) Here Signature (required if listed on Line 2a) Date Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed	Caution: Th	is tay teamsorie	t is being sent to t	he third party external on Linu	n Sa and/or Sd	Ensure that lines 5 through 8	are completed before a	ionino /see ins	In etions)
Nage and income transcript (W-2, 1098-E, 1099-G, etc.) Linter a max of three form numbers here; if no entry is made, all forms will be sent. 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			Enter the tax form	number here (1040, 1065, 11	120, etc.) and d	heck the appropriate box belo	w. Enter only one tax fo	orm number per	request for line 6
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 Line 2a Line 1a Line 2a Line 3a Line 2a Li	. Return Tra	anscript		b. Account Transcript		c. Record of Ac	count		
Alark 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 Line 2a I. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) / / / / / / / / / / / / / / / / / / /	. Wage and	d Income tran	script (W-2, 1098	E, 1099-G, etc.)					
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Execution: Do not sign this form unless all applicable lines have been completed.			expayer(s) request	ing the wage and income tra-	nscripts. If no b	ox is checked transcripts will	be provided for all lister	d taxpayers	
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 equested. 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 efficer, 1 percent or more shareholder, parfiver, managing member, guardian, tax matters partine, 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 ignature date. 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 lost within 120 days of the Print/Type name Signature for Line 1a (see instructions) Date Signatory confirms document was electronically signed	. Mark the	CHECKDOX for S				ox is disched, surscripts mil			
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 equested. 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 light 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. Signature facts. Signature for Line 1a (see instructions) Date Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed Fittle (if line 1a above is a corporation, partnership, estate, or trust) Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed	. Mark the o		f. Enter the ending	Line 2a	d using the mm				
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Signature for Line 1a (see instructions) Date Come our stax payer on line 1a or 2a	b. Mark the o Line 1a B. Year or po	eriod requester		Line 2a g date of the tax year or perio					1 1
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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.