

This guide defines Form 4506-C completion standards, identifies Pennymac approved IVES vendors, and details the specific audit log requirements mandated by specific IVES participants with stricter compliance rules.

Pennymac requirements:

- Section 5a (IVES participant name, ID number, SOR mailbox ID, and address) contains an approved Pennymac IVES vendor. The approved vendors are included in this guide.
- Sections 5b and 5c are left blank to ensure the form can be processed by the selected IVES vendor
- Electronically signed 4506-C forms must be accompanied by a copy of the eSignature Audit Trail/Log

Failure to properly complete the 4506-C form and provide the audit trail (as applicable) may result in additional loan conditions and/or a purchase delay.

As a reminder, a signed and executable 4506-C is not required on:

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.

1. Form 4506-C Completion Requirements

Completing the 4506-C: Personal

Line 1a (Required): Enter the borrower's first name, middle initial, and last name as it appears on the most recent tax return. If characters will not fit, enter up to 12 for first name and 22 for last name.

Line 1b (Required): Enter the SSN of the borrower.

Line 3 (Required): Enter the borrowers current address, including unit or suite number.

Line 4 (optional): Enter address as it appears on the most recent tax return if different from the address on line 3.

Line 5b: should be left blank

Line 7: check the box if you desire form W-2, 1098-E, 1099-G or 5498 series etc.

Line 7a: If check box in Line 7 is selected, up to 3 tax forms may be selected per 4506C in section 7a. Do not select if selection line 6.

Line 8 (Required): Enter the fiscal tax year(s) in format 12/31/YYYY. Up to 4 prior tax years may be requested.

Signatory Attestation
Checkbox: Must be checked.

Signature: Primary taxpayer listed in section 1a must sign the form as it appears on the tax return for the most recent tax year requested. If the spouse was entered in section 2a the spouse must sign the form.

Form 4506-C (October 2022)	Department of the Treasury - Internal Revenue Service IVES Request for Transcript of Tax Return 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.	OMB Number 1545-1872
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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	iii. Spouse's last name
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	iii. Last name
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, 1099-E, 1099-G, etc.) <input type="checkbox"/>					
8. Enter a max of three form numbers here; if no entry is made, all forms will be sent.					
9. 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.					
Sign Here	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				

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Form **4506-C** (Rev. 10-2022)

Line 2a (If filed borrowers filed jointly): Enter the name of the spouse as it appears on the most recent tax return only if the borrowers filed jointly.

Line 2b (Required): if section 2a was completed, enter the spouse's SSN.

Line 5a (Required): Must contain a Pennymac approved IVES participant.

IVES name cannot list c/o or DBA. Cannot be left blank.

Line 5d: Limited to one company. Cannot use c/o or DBA. Cannot be left blank. When the client company is also the IVES participant, both line 5a and 5d should include the IVES participant's information.

Line 6: Enter return type tax form number 1040. Only one tax form number may be entered per 4506C. Do not select if selecting line 7.

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

Signature Date: The signature date must be 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. Both Individuals listed in section 1a and 2a must sign and date the form.

Authorized Representative Check-box:
If the document was signed by a power of attorney, the Authorized Representative checkbox must be selected and form 2848 must be provided in conjunction with the 4506-C form.

Electronically Signed Checkbox: If the 4506C form is electronically signed the “Signatory confirms document was electronically signed”, checkbox must be selected. Electronically signed audit trail document must be provided. Reference section Electronic Audit Log Requirements for details

Print/Type Name:
The signatory's name must be printed or typed below the respective signature and must be legible.

Important Reminders:

- Current IRS Form 4506-C: October 2022 is required.
 - Form content must be legible
 - Alterations to the form information cannot be made by any party
 - Signature date must be in MM/DD/YYYY format
 - Date must fall within 120 days of the IRS receipt.
 - If the 4506C form is electronically signed the “Signatory confirms document was electronically signed”, checkbox must be selected
- Electronically signed audit trail document must be provided. Reference section Electronic Audit Log Requirements for details and requirement.

Completing the 4506-C: Business

Line 1a.iii (Required): Enter the business name as it appears on the most recent tax return in section 1a.iii. If characters will not fit, enter up to 22 characters.

Line 1b (Required): Enter the business's employer identification number (EIN).

Line 3 (Required): Enter the borrowers current address, including unit or suite number.

Line 4 (optional): Enter address as it appears on the most recent tax return if different from the address on line 3.

Line 5b: should be left blank if possible.

Line 7: Leave all section blank.

Line 8 (Required): Enter the fiscal tax year(s) in format 12/31/YYYY. Up to 4 prior tax years may be requested.

Signatory Attestation Checkbox: Must be checked.

Signature: Business's legal authority must sign form.

Title: Title of signatory must be entered. Reference the matrix for acceptable titles dependent on form number entered in box 6.

Business IRS Form Type	Business Approved Titles
1065	Partner, Limited Partner
1120 where business is Corporation (INC)	President, Vice President, Secretary, Treasurer, Assistant Treasurer, Chief Accounting Officer, Any Tax Officer, 1% Shareholder (for Corporations), Shareholder (for S-Corporations)
1120 where business is Limited Liability Company (LLC)	Managing Member. Exception: if form 8832 is provided, titles listed for 1120 Corporations (INC) can be used.

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	iii. Spouse's last name
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	iii. Last name
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"/>			
c. 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.					
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					

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www.irs.gov

Form **4506-C** (Rev. 10-2022)

Line 2a: Leave blank

Line 5a (Required): Must contain a Pennymac approved IVES participant.

IVES name cannot list c/o or DBA. Cannot be left blank.

Line 5d: Limited to one company. Cannot use c/o or DBA. Cannot be left blank. When the client company is also the IVES participant, both line 5a and 5d should include the IVES participant's information.

Line 6: Enter return type tax form number (1120, 1120S, or 1065). Only one tax form number may be entered per 4506C. Do not select if selecting line 7.

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

Signature Date: The signature date must be 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.

Authorized Representative Check-box:
If the document was signed by a power of attorney, the Authorized Representative checkbox must be selected and form 2848 must be provided in conjunction with the 4506-C form.

Electronically Singed Check-box:
If the 4506C form is electronically signed the "Signatory confirms document was electronically signed", checkbox must be selected. Electronically signed audit trail document must be provided. Reference section Electronic Audit Log Requirements for details.

Print/Type Name:
The signatory's name must be printed or typed below the respective signature and must be legible.

2. Approved IVES Vendor Information (Section 5a)

Use the exact details below for Section 5a (I-VII) based on your selected vendor.

Vendor Name (5a.I)	ID Number (5a.II)	SOR Mailbox ID (5a.III)	Address (5a.IV - VII)
CoreLogic Credco	302617	CLGX4506T	40 Pacifica #900, Irvine, CA 92618

Example:

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	<i>Leave Blank</i>	<i>Leave Blank</i>	1651 NW Professional Plaza, Columbus, OH 43220
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Example:

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.) 1651 NW Professional Plaza		v. City Columbus	vi. State OH
		vii. ZIP code 43220	
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))			

Equifax Workforce Solutions	300501	EQUIFAX01	11432 Lackland Road, St. Louis, MO 63146
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Vendor Name (5a.I)	ID Number (5a.II)	SOR Mailbox ID (5a.III)	Address (5a.IV - VII)
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Example:

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name Equifax Workforce Solutions	ii. IVES participant ID number 300501	iii. SOR mailbox ID EQUIFAX01	
iv. Street address (including apt., room, or suite no.) 11432 Lackland Road	v. City St. 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	0000301295	CORTNEY123	13030 Euclid St, Garden Grove, CA 92843
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Example:

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	<i>Leave Blank</i>	<i>Leave Blank</i>	P.O. Box 1089, Hammonton, NJ 08037
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Example:

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)	

Vendor Name (5a.I)	ID Number (5a.II)	SOR Mailbox ID (5a.III)	Address (5a.IV - VII)
TaxReturnVerifications.com	301300	ORDER4506	327 Caldwell Dr #100, Goodlettsville, TN 37072

Example:

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))			

Triverify, LLC	0000301342	CACHAVEZ8	4 Hutton Center Dr, Ste 1025, Santa Ana, CA 92707
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Example:

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name Triverify, LLC		ii. IVES participant ID number 0000301342	
		iii. SOR mailbox ID CACHAVEZ8	
iv. Street address (including apt., room, or suite no.) 4 Hutton Center Drive, Suite 1025		v. City Santa Ana	vi. State CA
		vii. ZIP code 92707	
5b. Customer file number (if applicable) (see instructions)		5c. Unique identifier (if applicable) (see instructions)	

Xactus, LLC	0000304771	Blank or NGWLEJUO2Q	370 Reed Road, Suite 100, Broomall, PA 19008
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Vendor Name (5a.I)	ID Number (5a.II)	SOR Mailbox ID (5a.III)	Address (5a.IV - VII)
Example:			
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))			

3. 4506-C Electronic Audit Log Requirements

For all 4506-C documents signed electronically, a copy of the **eSignature Audit Trail/Log** must be provided. The audit log must correspond to the 4506-C document and contain the exact same electronic signature date.

Minimum Audit Log Requirements

At a minimum, the audit log must contain these three data points:

1. **Time/Date Stamp** of when the borrower signed.
2. The borrower's **IP Address**.
3. The borrower's **Email Address**.

Note: IVES vendors may require additional specific information or utilize a restricted list of accepted e-signature providers to be considered compliant.

IVES Vendor Specific Requirements

DataVerify

The eSignature Audit Log must meet the following five core requirements:

1. **Authentication:** The IVES participant must validate the signer's identity (e.g., Two-Factor authentication using an emailed link and a pass code, Knowledge Based Authentication (KBA), or Single Sign-On (SSO)).
2. **Consent:** Consent must be obtained from the signer to receive and sign documents electronically prior to the signing ceremony (typically via a consent form presented after authentication).
3. **Electronic Signature:** Must be an electronic symbol logically associated with the record, executed with the intent to sign. This signature is required to validate the name(s) against the name(s) listed on the Form 4506-T or 4506T-EZ.
4. **Tamper Proof Seal:** The document must be secured after the signature is collected to ensure its validity and integrity.
5. **Non-Repudiation (The Log):** A comprehensive audit log of the entire electronic signing ceremony must accompany the document. Data should include: date and time of creation, **IP address**, document notifications, and the result of authentication, consent, and each electronic signature.

Approved Audit Log List for DataVerify:

•Adobe Sign	•Digital Delivery	•eClosePlus	•IDS	•ProSign/Epic River
•AssureSign	•DocMagic	•Ellie Mae	•IMM Online	•Simplifile
•Black Knight (eLynx, Expedite)	•DocuPrep	•E-Sign Live (OneSpan, INK-It)	•LodaSoft	•SmartSign
•BlitzDocs	•DocuSign	•Floify	•MSB Doc	•SureDocs
•Consumer Connect	•DocuTech	•Foxit	•PandaDocs	•Wolters Kulwer

Equifax

Equifax maintains unique audit log requirements that must be met for form acceptance. The standard is as follows:

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- The **Logo of the eSignature Audit Log vendor must be displayed** on the Audit Log.

Accepted eSign Vendors for Equifax:

- | | | |
|--------------------|------------------------|-----------------------------|
| •Authentisign | •EchoSign/Adobe | •OneSpan Sign |
| •Biz2sign | •Expedited (fka eLynx) | •PandaDoc |
| •Calyx | •ESign Online | •SIGNix |
| •ConformX/DocuTech | •ESignSystems/Wave | •Silanis |
| •DocMagic | •HelloSign/Drop Box | •Sure Docs |
| •Docu Prep | •IDS | •Wolters Kluwer |
| •DocuSign | •MRG | •TaxReturnVerifications.com |
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