

Announcement #24-90**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

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)) | | | |

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 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 | | | i. Spouse's first name | | |
| ii. Middle initial | | | ii. Middle initial | | |
| iii. Last name/BMF company name | | | 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 | | | i. First name | | |
| ii. Middle initial | | | ii. Middle initial | | |
| iii. Last name | | | 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.) <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) | | | | | |
| / / | | / / | | / / | |
| 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, 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/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.