

Form 13803 (September 2016)	Department of the Treasury - Internal Revenue Service Application to Participate in the Income Verification Express Service (IVES) Program (Please read the instructions carefully before submitting this form)	For Official Use Only Control Number: <hr/> OMB Number 1545-2032
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1. Check the type of application you are submitting:

New
 Renewal
 Amended
 Add New Location
 Cancellation
 Address Change

2. Check the box that describes your organization status:

Government Agency
 Partnership
 Sole Proprietorship
 Corporation
 LLC
 Other (Specify) _____

3. Reason(s) for using the IVES Program: (Select all that apply)

Mortgage Services
 Background Check
 Credit Check
 Banking Service
 Licensing Requirement
 Other (Specify) _____

4. Legal name of business (required)	5. Employer Identificaton Number (EIN) or Social Security Number (SSN) (required)
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6. Doing Business As (DBA) name (Complete only if the business is operating under a different business name listed on line 4)

7. Business location address (required)

Street address	City	State	Zip Code
Business telephone number (required)	Fax number (required)	Business e-mail address	

8. Billing address required if different from the location address on line 7

Street address	City	State	Zip Code
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9. Complete the following information for the principal, company official, partner, or owner of business.

Company official name (first, middle initial, last)	Title	Telephone number	
Date of Birth (mm/dd/yyyy) (required)	Social Security Number (required)	E-mail address	
Home street address	City	State	Zip Code

10. Primary contact name (required if different than the principal). A contact must be available on a day to day basis to answer IRS questions during testing and through the processing year.

Last name	First name	MI
Telephone number (required)	E-mail address (required)	

11a. Have you been convicted of a felony in the last 10 years? (Attach an explanation for a Yes response) Yes No

11b. Are you current with your individual and business taxes, including any corporation and employment tax obligations? (Attach an explanation for a No response) Yes No

13. Complete the following information for the responsible official. The responsible official is an individual with responsibility for the operation and IVES users at the business location listed above. A principal listed above may also be a responsible official.

Responsible official name <i>(first, middle initial, last)</i>		Title	Telephone number
Date of Birth <i>(mm/dd/yyyy) (required)</i>	Social Security Number <i>(required)</i>	E-mail address	
Home street address	City	State	Zip Code

14. By marking this box, you agree to review Publication 4557, Safeguarding Taxpayer Data and abide by the guidelines of the publication. In addition, you can only use taxpayer information that you receive via a Form 4506-T or Form 45-6 T-EZ request for the purpose(s) the taxpayer/requestor intended. Failing to complete this section will result in the application being rejected and returned.

Where to fax your application: Fax your application to your closest IVES location listed below:

IVES location	Fax number
Austin, Texas	877-477-9603
Cincinnati, Ohio	877-477-0578
Fresno, California	877-477-0576
Kansas City, Missouri	877-477-9601
Ogden, Utah	877-477-0580

The IRS conducts a suitability check on the applicant, and on all Principals listed on the application to determine the applicant's suitability to be an IVES participant. After an applicant passes the suitability check and the IRS completes processing the application, the IRS notifies the applicant of acceptance to participate in the program.

A responsible company official must sign the application agreement indicating understanding of the Privacy Act restrictions relating to the use of this service.

Non-Transferable: Acceptance for participation is not transferable. I understand if this business is sold or its organizational structures changes, a new application must be filed. I further understand noncompliance will result in the business and/or the individuals listed on this application, being suspended from participation in the IVES program.

Privacy Act Notice: Our right to ask for information is 5 U.S.C 301 and the Internal Revenue Code Section 6109 and applicable regulations. The registration information we are requesting is used to create an account for you, authenticate your identity and for billing purposes. We may disclose the information to the Department of Justice, to enforce the tax laws, civil and criminal, to cities, states, the District of Columbia and U.S. commonwealths or possessions to carry out their tax laws. We may give it to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. Your participation in the Income Verification Express Services (IVES) program is voluntary; however, if you do not provide all or part of the information required to create your account, you will not be eligible for access to IVES.

Under the penalties of Perjury, I declare I have examined this application and read all accompanying information, and to the best of my knowledge and belief, the information being provided is true, correct, and complete. In addition, I have read the Internal Revenue Service rules and procedures for participating in the Income Verification Express Service program and I agree to abide by them and to pay resulting fees timely. I understand failure to do so will result in a temporary or permanent exclusion from the program.

Paperwork Reduction Act: We ask for the information on this form to carry out the Internal Revenue laws of the United States. We use this information to determine if you qualify for an extension of time to file information returns. You are not required to request an extension of time to file; however, if you request an extension, sections 6081 and 6109 and their regulations require you to provide this information, including your identification number. Failure to provide this information may delay or prevent processing your request; providing false or fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

Name and title of Principal, Partner or Owner <i>(type or print)</i>	Signature of Principal, Partner or Owner	Date signed