Form **13803** (April 2018)

Department of the Treasury - Internal Revenue Service

OMB Number 1545-2032

For Official Use Only Control Number:

Application to Participate in the Income Verification Express Service (IVES) Program

(Please read the instructions carefully before submitting this form)

1. Check the type of application you are sub	mitting:							
New Renewal An	nended	Add New Location	Cancellation		Address	Change		
2. Check the box that describes your organ	ization status:							
Government Agency Pa	rtnership	Sole Proprietorship	Corporation		LLC			
Other (Specify)								
3. Reason(s) for using the IVES Program: (S	Select all that apply)							
Mortgage Services Backgrour	nd Check	Credit Check	Banking Service	Lice	nsing Requi	irement		
Other (Specify)								
4. Legal name of business (required)		5. Employer Identificaton Number (EIN) or Social Security Number (SSN)(required)						
6. Doing Business As (DBA) name (Complete	e only if the business	is operating under a di	ifferent business name listed	on line 4	ı)			
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	le location address	s on line 7	1					
Street address	City		State		Zip Code			
9. Complete the following information for the	principal, compar	y 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 questions during testing and through the		A contact must be av	railable on a day to day ba	asis to a	nswer IRS			
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	n for a Yes response)	Ye	es	No		
11b. Are you current with your individual and obligations? (Attach an explanation for a N		ncluding any corpora	ation and employment tax	Ye	es [1	No		
12. Estimated annual volume of IVES produ	ct requests:							

13. Complete the following information fo operation and IVES users at the busi							
Responsible official name (first, middle initial, last)				Title		Telephone number	
Date of Birth (mm/dd/yyyy) (required)	Social Security	Social Security Number (required)			E-mail address		
Home street address	City			State		Zip Code	
14. By marking this box, you agree to publication. In addition, you can for the purpose(s) the taxpayer/r and returned.	only use taxpayer i	nformation	that you rec	cieve via a Form 4506	-T or Form	45-6 T-EZ request	
Where to fax your application: Fax you	ur application to you	ır closest I\	/ES location	listed below:			
	IVES location Austin, Texas Fresno, Califor Kansas City, M Ogden, Utah		Fax numb 877-477-96 877-477-96 877-477-96	603 576 601			
The IRS conducts a suitability check on the suitability to be an IVES participant. After the IRS notifies the applicant of acceptant	an applicant passe	s the suital	oility check a				
A responsible company official must sign the use of this service.	the application agre	eement ind	icating unde	erstanding of the Priva	ıcy Act res	trictions relating to	
Non-Transferable: Acceptance for particle changes, a new application must be filed this application, being suspended from particle.	. I further understan	d noncomp	oliance will re				
Privacy Act Notice: Our right to ask for ir regulations. The registration information of purposes. We may disclose the information District of Columbia and U.S. commonwe treaty, to federal and state agencies to er combat terrorism. Your participation in the provide all or part of the information requi	we are requesting is on to the Departme calths or possession of orce federal non-tage Income Verification	s used to cr nt of Justice as to carry c ax criminal on Express	eate an acce, to enforce out their tax laws, or to f Services (IV	ount for you, authentie the tax laws, civil and laws. we may give it t ederal law enforceme 'ES) program is volun	cate your i d criminal, to other content and intent atary; howe	dentity and for billing to cities, states, the untries under a tax elligence agencies to	
Under the penalties of Perjury, I declare I knowledge and belief, the information bei Service rules and procedures for participa pay resulting fees timely. I understand fai	ng provided is true, ating in the Income	correct, ar Verification	nd complete. Express Se	In addition, I have re ervice program and I a	ad the Inte	ernal Revenue bide by them and to	
Name and title of Principal, Partner or Ov	vner (type or print)	Signature	of Principal	, Partner or Owner		Date signed	