Form **13803** (June 2022)

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)

OMB Number 1545-2032

For Official Use Only Control number

1a. Check the type of application you are su New Renewal An	bmitting nended	Add new location	Cancellation	Address change
1b. Existing IVES participant ID number (if applicable)				
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 Identification Number (EIN) or Social Security Number (SSN) (required)				
6. Doing Business As (DBA) name (complete only if the business is operating under a different business name than listed on line 4)				
7. Business location address (required)				
Street address	City		State	Zip Code
Business telephone number	Fax number		Business e-mail address (optional)	
8. Billing address (required if different from the location address on line 7)				
Street address	City		State	Zip Code
9. Complete the following information for the	IVES account pri	ncipal <i>(principal, comp</i>	⊥ any official, partner, or owner of bu	usiness) (required)
IVES account principal (first, middle initial, last)			Title	Telephone number
Date of Birth (mm/dd/yyyy)	Social Security Number		E-mail address	
Home street address	City		State	Zip Code
10. Business point of contact (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		E-mail address		
11a. Have any individuals listed on Line 9 and/or Line 10 been convicted of a felony in the last 10 years? (Attach and explanation for a Yes response) Yes No				
11b. Are all those listed on this application current with their individual and business tax filing and payments, Yes including any corporation and employment tax obligations? (Attach an explanation for a No response)				
If using a different EIN than listed in Line 5 to meet business filing requirements, list that here				
12. Estimated annual volume of IVES product requests				

assigning a responsible official, all fields are required Responsible official name (first, middle initial, last) Title Telephone number Date of Birth (mm/dd/yyyy) Social Security Number E-mail address Home street address State Zip Code City 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-C request for the purpose(s) the taxpayer/requester intended. Failing to complete this section will result in the application being rejected and returned 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 suspension or permanent expulsion from the program. Name and title of IVES account principal (type or print) Signature of IVES account principal Date signed Fax your application to the IVES application line: 844-251-8254 The IRS conducts a suitability check on the applicant, and on all listed individuals 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. The IVES account principal listed on Line 9 must sign the application agreement indicating understanding of the Privacy Act restrictions relating to the use of this service. Note: Electronic signatures are not permitted on the application agreement. Non-Transferable: Acceptance for participation is not transferable. If this business is sold or its organizational structure changes, a new application must be filed. 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.

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. If