Form **13803**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-2032

(August 2022)

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

For Official Use Only Control number

(Please read the instructions carefully before submitting this form)

1a. Check the type of application you are Renewal	e submitting Amended	Add new location	Cancellation	Address change
1b. Existing IVES participant ID number	(if applicable)			
Check the box that describes your org Government agency Other (specify)	ganization status Partnership	Sole proprietorship	Corporation	LLC
3. Reason(s) for using the IVES program Mortgage Services Backgr Other (specify)	o (select all that apply) ound Check	Credit Check [Banking Service L	icensing Requirement
4. Legal name of business (required)				
5. Employer Identification Number (EIN)	or Social Security Nu	mber (SSN) (required)	
6. Doing Business As (DBA) name (comp	olete only if the business	is operating under a di	fferent 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>	pany official, partner, or owner of b	usiness) (required)
IVES account principal (first, middle initial, last)			Title Telephone number	
Date of Birth (mm/dd/yyyy)	Social Security N	Number	E-mail address	
Home street address	City		State	Zip Code
10. Business point of contact (required if a questions during testing and through		al). A contact must be	e available on a day-to-day bas	sis to answer IRS
Last name		First name		MI
Telephone number		E-mail address		
11a. Have any individuals listed on Line years? (Attach and explanation for a Ye		n convicted of a felon	y in the last 10	Yes No
11b. Are all those listed on this application including any corporation and employed				Yes No
If using a different EIN than listed in	Line 5 to meet busine	ess filing requiremen	ts, list that here EIN	
12. Estimated annual volume of IVES pro	oduct requests			

	e business location listed a		an individual with responsibility for the may also be a responsible official. If
Responsible official name (first, middle initial, last)		Title	Telephone number
Date of Birth (mm/dd/yyyy)	Social Security I	Number E-mail a	ddress
Home street address	City	State	Zip Code
publication. In addition, yo	ou can only use taxpayer in	formation that you receive via a	Data and abide by the guidelines of the Form 4506-C request for the purpose(s) plication being rejected and returned
knowledge and belief, the informati	ion being provided is true, or articipating in the Income V	correct, and complete. In addition ferification Express Service pro-	panying information, and to the best of my on, I have read the Internal Revenue gram and I agree to abide by them and to nt expulsion from the program.
Name and title of IVES account principal (type or print)		Signature of IVES account princ	cipal Date signed
Fax your application to the IVES ap	pplication line: 844-251-825	54	

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.