	Depa	artment of the Treas	ury - Internal Revenue S	Service	OMB Number 154	45-2032
Form 13803 (August 2022)	Verificatio	on Express	ticipate in the Service (IVE arefully before submi	S) Program	For Official Use Control number	Only
New F		nended	Add new location	Cancellation	Address	s change
1b. Existing IVES par	ticipant ID number <i>(if a</i> j	oplicable)				
2. Check the box that Government age	t describes your organi ncy	zation status rtnership	Sole proprietorship	Corporation		
Other (specify)						
 3. Reason(s) for using Mortgage Service Other (specify) 	g the IVES program <i>(se</i> es		Credit Check	Banking Service	Licensing Req	uirement
4. Legal name of busi	ness (required)					
5. Employer identifica	tion Number (EIN) or S	Social Security Inur	Tiber (SSIN) (required)			
6. Doing Business As	(DBA) name (complete	only if the business	is operating under a dif	ferent business name than lis	sted on line 4)	
7. Business location a	address (required)	-				
Street address		City		State	Zip Code	
Business telephone n	umber	Fax number		Business e-mail address (optional)		
8. Billing address (req	uired if different from the l	location address on l	line 7)	Į		
Street address		City		State	Zip Code	
9. Complete the follow	ving information for the	IVES account prir	ncipal (principal, compa	any official, partner, or owner	r of business) (requi	red)
IVES account principal (first, middle initial, last)				Title	Telephone	number
Date of Birth (mm/dd/y	ууу)	Social Security Number E-mail address		E-mail address		
Home street address		City		State	Zip Code	
	contact (required if differ esting and through the		al). A contact must be	available on a day-to-day	y basis to answer	IRS
Last name		First name			MI	
Telephone number		E-mail address			<u> </u>	
-	uals listed on Line 9 ar d explanation for a Yes re		convicted of a felony	/ in the last 10	Yes	No
11b. Are all those liste	-	urrent with their inc		s tax filing and payments, on for a No response)	Yes	No
If using a differer	nt EIN than listed in Lin	e 5 to meet busine	ess filing requirement	s, list that here	EIN	
12. Estimated annual	volume of IVES produc	ct requests				

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 assigning a responsible official, all fields are required

Responsible official name (first, middle initial,	Title	Telephone number	
Date of Birth (mm/dd/yyyy)	Social Security Number	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-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.