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:

OMB Number 1545-2032

1. Check the type of application you are su	bmitting:						
New Renewal A	mended	Add New Location	Cancellation	Address Change			
2. Check the box that describes your organ	nization status:						
Government Agency	artnership	Sole Proprietorship	Corporation	LLC			
Other (Specify)							
3. Reason(s) for using the IVES Program: (	Select all that apply)						
☐ Mortgage Services ☐ Backgrou	ind 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 (Comple	ete only if the business	s is operating under a di	ifferent business name listed or	n 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	s on line 7	1				
Street address	City		State	Zip Code			
9. Complete the following information for the	e principal, compar	ny official, partner, or	owner of business.				
Company official name (first, middle initial, last)			Title Telephone nur				
Date of Birth (mm/dd/yyyy) (required)	Social Security N	lumber (required)	E-mail address				
Home street address	City		State	Zip Code			
Primary contact name (required if different questions during testing and through the state of the state		A contact must be av	ailable on a day to day bas	is to answer IRS			
Last name		First name MI					
Telephone number (required)		E-mail address (required)					
11a. Have you been convicted of a felony i	n the last 10 years?	   (Attach an explanation	n for a Yes response)				
11b. Are you current with your individual ar obligations? (Attach an explanation for a		ncluding any corpora	tion and employment tax	Yes No			
12. Estimated annual volume of IVES prod	uct requests:						

13. Complete the following information for the operation and IVES users at the business						
Responsible 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
14. By marking this box, you agree to republication. In addition, you can on for the purpose(s) the taxpayer/requand returned.	ly use taxpayer i	nformation th	at you rec	ieve via a Form 4506	6-T or Form	45-6 T-EZ request
Where to fax your application: Fax your a	pplication to you	ur closest IVE	S location	listed below:		
	IVES location	on	Fax num	nber		
	Austin, Texa Cincinnati, C Fresno, Calii Kansas City, Ogden, Utah	Ohio fornia , Missouri	877-477- 877-477-( 877-477-( 877-477- 877-477-(	0578 0576 9601		
The IRS conducts a suitability check on the suitability to be an IVES participant. After an the IRS notifies the applicant of acceptance	applicant passe	s the suitabili				
A responsible company official must sign the the use of this service.	application agre	eement indica	ating unde	rstanding of the Priva	acy Act res	trictions relating to
<b>Non-Transferable:</b> Acceptance for participal changes, a new application must be filed. If this application, being suspended from participal changes are considered in the control of the	urther understan	nd noncomplia				
<b>Privacy Act Notice:</b> Our right to ask for inforegulations. The registration information we purposes. We may disclose the information District of Columbia and U.S. commonwealth treaty, to federal and state agencies to enfor combat terrorism. Your participation in the Inprovide all or part of the information required	are requesting is to the Departme ns or possession ce federal non-ta come Verification	s used to crea nt of Justice, ns to carry out ax criminal la on Express Se	te an acce to enforce their tax l ws, or to fe ervices (IV	ount for you, authenti the tax laws, civil an laws. we may give it t ederal law enforceme (ES) program is volur	icate your ind criminal, to other cou ent and intentary; howe	dentity and for billing to cities, states, the untries under a tax elligence agencies to
Under the penalties of Perjury, I declare I ha knowledge and belief, the information being Service rules and procedures for participatin pay resulting fees timely. I understand failure	provided is true, g in the Income	correct, and Verification E	complete. xpress Se	In addition, I have re ervice program and I	ead the Inte agree to ab	ernal Revenue bide by them and to
Name and title of Principal, Partner or Owne	r (type or print)	Signature of	Principal	, Partner or Owner		Date signed