

Announcement #24-39

Date: April 26, 2024

Form 4506-C Completion Requirements

In conjunction with enhanced enforcement from the GSEs, Pennymac will begin the review and remediation of inaccurate or improperly executed 4506-Cs within both the eligibility and purchase reviews. In addition to the requirements and best practices that were provided in <u>Announcement 23-32</u>, Pennymac will now also require that:

- Section 5a (IVES participant name, ID number, SOR mailbox ID, and address) contains an approved Pennymac vendor IVES vendor. The approved vendors are listed below.
- Sections 5b and 5c be left blank to ensure the form can be processed by the selected IVES participant.

Failure to properly complete the 4506-C form with these requirements may result in a purchase delay and/or loans being conditioned for an updated 4506-C form or an appropriate tax transcript.

As a reminder, a signed and executable 4506-C is not a requirement for the following:

- 1. Loan files delivered with the applicable tax transcript(s),
- 2. Fannie Mae mortgages using the DU Validation Service where all of the borrower's income has been validated, and DU returns Approve/Eligible recommendation on the final submission of the loan casefile and meets the requirements in the Fannie Mae Selling Guide,
- 3. Freddie Mac mortgages using automated income assessment (AIM) with Loan Product Advisor® (LPA) using employed income data or account data that receive a Risk Class of Accept on the final loan submission to LPA and meet the requirements in the Freddie Mac Selling Guide.

The Pennymac Seller's Guide (General Eligibility/General Closing Specifications Section) will be updated to meet the requirements outlined in this announcement.

Clients may comply with this new guidance immediately, but it is effective with loan deliveries on or after July 1, 2024.

Please contact your Sales Representative with any questions.

IVES Participant Section 5a consists of the following fields:

5a.I: IVES participant name

5a.II: IVES participant ID number

5a.III: IVES participant SOR Mailbox ID 5a.IV: IVES participant Street address

5a.V: IVES participant City



5a.VI: IVES participant State5A.VII: IVES participant ZIP Code

Avantus

5a.I: Avantus

5a.II: 0000301645 5a.III: NGWLEJUO2Q 5a.IV: 600 Saw Mill Road

5a.V: West Haven

5a.VI: CT

5A.VII: 06516

I. IVES participant name AVANTUS	ii. IVES participant ID number 0000301645	NGWLE	oox ID EJUO2Q
iv. Street address (including apt., room, or suite no.) 600 SAW MILL ROAD	v. City WEST HAVEN	vi. State CT	vii. ZIP code 06516
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicabl	e) (see instruction	ons)

CoreLogic Credco

5a.I: CoreLogic Credco

5a.II: 302617

5a.III: CLGX4506T

5a.IV: 40 Pacifica #900

5a.V: Irvine 5a.VI: CA 5A.VII: 92618

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5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name		iii. SOR mailbox	
Corelogic Credco	302617	CLGX450	761
iv. Street address (including apt., room, or suite no.)	v. City	vi. State	vii. ZIP code
40 Pacifica #900	Irvine	CA	92618
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable) (see instructions	5)

Credit Plus Inc.

5a.I: Credit Plus Inc. 5a.II: 0000301670 5a.III: UTAH21804

5a.IV: 31550 Winterplace Pkwy

5a.V: Salisbury 5a.VI: MD 5A.VII: 21804



5a. IVES participant name, ID number, SOR mailbox ID, and address			
I. IVES participant name Credit Plus Inc.	ii. IVES participant ID number 0000301670	UTAH218	1-
iv. Street address (including apt., room, or suite no.) 31550 Winterplace pkwy	v. City Salisbury	vi. State MD	vii. ZIP code 21804

DataVerify

5a.I: DataVerify5a.II: Leave Blank5a.III: Leave Blank

5a.IV: 250 E. Broad Ste., Suite 2100

5a.V: Columbus

5a.VI: OH 5A.VII: 43215

5a. IVES participant name, ID number, SOR mailbox ID, and address	-		
i. IVES participant name DataVerify	ii. IVES participant ID numbe	r iii. SOR mailbo	x ID
v. Street address (including apt., room, or suite no.) 250 E. Broad St., Suite 2100	v. City Columbus	vi. State OH	vii. ZIP code 43215
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applic	able) (see instruction	s)

Equifax Workforce Solutions, LLC

5a.I: Equifax Workforce Solutions, LLC

5a.II: 300005 5a.III: EQUIFAX01

5a.IV: 11432 Lackland Road

5a.V: Saint Louis

5a.VI: MO 5A.VII: 63146

5a. IVES participant name, ID number, SOR mailbox ID, and address			
I. IVES participant name Equifax Workforce Solutions, LLC	ii. IVES participant ID number 300005	EQUIFA)	
Iv. Street address (including apt., room, or suite no.) 11432 Lackland Road	Saint Louis	vi. State MO	vii. ZIP code 63146
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable)	(see instructions)

Informative Research

5a.I: Informative Research

5a.II: 0000301295 5a.III: CORTNEY123 5a.IV: 13030 Euclid St 5a.V: Garden Grove

5a.VI: CA 5A.VII: 92843



5a. IVES participant name, ID number, SOR mailbox ID, and address			
IVES participant name Informative Research	ii. IVES participant ID number 0000301295	iii. SOR mailbo cortney123	
iv. Street address (including apt., room, or suite no.) 13030 Euclid St	v. City Garden Grove	vi. State CA	vii. ZIP code 92843
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable) (see instructions	5)

TaxReturnVerifications.com

5a.I: TaxReturnVerifications.com

5a.II: 301300

5a.III: ORDER4506

5a.IV: 327 Caldwell Dr #100

5a.V: Goodlettsville

5a.VI: TN 5A.VII: 37072

5a. IVES participant name, ID number, SOR mailbox ID, and address	•	•	
I. IVES participant name TaxReturnVerifications.com	ii. IVES participant ID number 301300	iii. SOR mailbox ORDER4	
v. Street address (including apt., room, or suite no.) 327 Caldwell Dr #100	v. city Goodlettsville	vi. State TN	vii. ZIP code 37072
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable) (see instructions	s)
5d. Client name, telephone number, and address (this field cannot be blank or not applicate	ble (NA))		

Veri-Tax LLC

5a.I: Veri-Tax LLC5a.II: 00003019755a.III: OGEN4506

5a.IV: 30 Executive Park, Suite 200

5a.V: Irvine 5a.VI: CA 5A.VII: 92614

5a. IVES participant name, ID number, SOR mailbox ID, and address	•			
I. IVES participant name Veri-Tax LLC	II. IVES participant ID number 0000301975	III. SOR mailbox OGEN45		
v. Street address (including apt., room, or suite no.) 30 Executive Park, Suite 200	v. City I rvine	vI. State CA	vii. ZIP code 92614	1
5b. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable	(see instructions	;)	I
	<u></u>			1

Xactus, LLC

5a.I: Xactus, LLC5a.II: 00003047715a.III: Leave Blank

5a.IV: 370 Reed Road Suit 100

5a.V: Broomall 5a.VI: PA



5A.VII: 19008

5a. IVES participant name, ID number, SOR mailbox ID, and address			
I. IVES participant name Xactus, LLC	ii. IVES participant ID number 0000304771	iii. SOR mailbox	t ID
iv. Street address (including apt., room, or suite no.) 370 Reed Road Suite 100	v. aty Broomall	vi. State PA	vii. ZIP code 19008
Sb. Customer file number (if applicable) (see instructions)	5c. Unique identifier (if applicable)) (see instructions	;)
5d. Client name, telephone number, and address (this field cannot be blank or not applicable	olo (NA))		



Completing the 4506-C: Reference Guide

LINE 1a (REQUIRED): Enter name of the borrower as it appears on the most recent tax return

LINE 1b (REQUIRED): Enter the SSN of the borrower

LINE 3 (REQUIRED): Enter current address, including unit, or suite number

LINE 4: Enter address as it appears on the most recent tax return if different from the address on line 3. This line can contain multiple previous addresses

LINE 5a (REQUIRED): Must contain one of the Pennymac approved IVES Vendors. Limited to one company. Cannot be left blank.

LINE 5b and 5C: Must be left blank

LINE 5d: Enter the Correspondent name here. Must contain only one name, cannot use c/o or DBA. Cannot be left blank.

LINE 6: Enter return type requested (1040, 1120, 1120S, 4 or 1065). Do not select if selecting line 7.

LINE 6a-c: Only check box 6a. Leave 6b and 6c blank

LINE 7: Check the box if you desire form W-2, 1098-E, 1099-G or 5498 series etc. Do not select if selecting line 6.

REQUIRED: Check signatory box

SIGNATURE: Primary taxpayer and/or spouse (if joint return) **must sign the form exactly as it appears on the tax return** for the most recent tax year requested. If the name changed, sign both the current name and former name

Current address (including apt., nom, or aulie no.). city, state, and ZIP code (see instructions) Servent address (including apt., nom, or aulie no.) Previous address shown on the last return filed if different from line 3 (see instructions) B. City	Form 4506-C (October 2022)	l IN			ury - Internal Revenue Ser		·	MB Number 1515-1872
First taxpayer identification number (see instructions) 1. First taxpayer identification number (see instructions) 2. Spouser's previous name shown on the last return filed if different from line 1a 2. Spouser's previous name shown on the last return filed if different from line 1a 2. Spouser's previous name shown on the last return filed if different from line 2a 3. Middle initial iii iii iii iii iii iii iii iii iii			Request may	be rejected if	the form is incomplete or its	guelo.		
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v. Street address (including apt., room, or aute no.) v. City vi. State vii. ZIP code b. Customer file number (if applicable) (see instructions) d. Client name, telephone number, and address (this field cannot be blank or not applicable (NAI) d. Client name. ii. Street address (including apt., room, or aute no.) ii. Street address (including apt., room, or aute no.) iii. Street address (including apt., room, or aute no.) iii. Street address (including apt., room, or aute no.) iv. City v. State vii. ZIP code caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Einsure that lines 5 through 8 are completed before signing, (see instructions) 1. Return Transcript b. Account Transcript c. Record of Account v. Wage and income transcript (W-2. 1098-6, 1098-6, etc.) 1. Enter a max of three from numbers here; if no ently is made, all forms will be sent. 1. Max the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers 1. Year or period requested. Enter the ending date of the tax year or period using the mm od yyyy format (see instructions) 1. Year or period requested. Enter the ending date of the tax year or period using the mm od yyyy format (see instructions) 1. Vear or period requested. Enter the ending date of the tax year or period using the mm od yyyy format (see instructions) 1. Vear or period requested. Enter the ending date of the tax year or period using the mm od yyyy format (see instructions) 1. Vear or period requested. Enter the ending date of the tax year or period using the mm od yyyy format (see instructions) 1. Vear or period requested. Enter the ending date of the tax year or seriod using the mm od yyyy format (see instructions) 1. Vear or period requested. Enter the ending date of the tax year or seriod using the mm od yyyy format (see instructions) 1. Vear or period requested. Enter the ending date of the tax year or seriod using the mm of year y		e, ID number, SOR	mailbox ID, and address		II IVES participant ID	ober III COD it-	~ ID	
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ii. Street address (Including apt., room, or suite no.) iv. City iv. State vi. ZiP code aution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Einsure that lines 5 through 8 are completed before signing, (see instructions) Transcript requested. Einter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Einter only one tax form number per request for line 6 transcripts Return Transcript b. Account Transcript c. Record of Account Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) Einter a max of three form numbers here: if no entry is made, all forms will be sent. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers line 1a Line 2a Year or period requested. Einter the ending date of the tax year or period using the mm dd yyyy format (see instructions) / / / / / / / / / / / / / / / / / / /		e number, and add	ress (this field cannot be bla	ank or not appl	cable (NA))			
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Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers ine 1a Line 2a Line 2a Lyear or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) / / / Caution: Do not sign this form unless all applicable lines have been completed. Integrature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information or operated. If signature of taxpayer(s) to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must ign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee grature date. Signature date. Signatory attests that he she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See loate when signature for Line 1a (see instructions) Title (if line 1a above is a corporation, partnership, estate, or trust) Here Spouse's signature (required if listed on Line 2a) Date Signatory confirms document was electronically signed Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed	Transcript requested. transcripts	Enter the tax form	b. Account Transcript	120, etc.) and	check the appropriate box belo	ow. Enter only one tax f		
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Caution: Do not sign this form unless all applicable lines have been completed. Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information equested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses must sign; however, if both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses must sign; however, if both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses must sign; however, if both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses must sign; however, if both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses must sign; however, if both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses must sign; however, if both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses must sign; however, if both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses' names and This are listed in lines 1a-1b and 2a-2b, both spouses' names and This are listed in lines 2a, both spouses must like the listed and 2a-2b, both spouses' names and This are listed in lines 2a, or a person authority are listed in listed and 2a-2b, both spouses must liste	Transcript requested. transcripts Return Transcript Wage and Income transcript Enter a max of three for the Mark the checkbox for the checkbox	Enter the tax form script (W-2, 1098- m numbers here; if	b. Account Transcript b. Account Transcript E. 1099-G, etc.) In o entry is made, all forms ing the wage and income tra	120, etc.) and	c. Record of Ac	ow. Enter only one tax f	orm number per req	
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information equested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TiNs are listed in lines 1a-1b and 2a-2b, both spouses must light the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee r party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the ignature date. Signature date. Signature for Line 1a (see instructions) Date Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed Frint/Type name Signature (required if listed on Line 2a) Date Form 4506-C was signed by an Authorized Representative Signatory confirms document was electronically signed	Transcript requested. transcripts Return Transcript Wage and Income transcript Enter a max of three for 0. Mark the checkbox for time 1a	Enter the tax form script (W-2, 1098- m numbers here; if taxpayer(s) request	b. Account Transcript b. Account Transcript E. 1099-G, etc.) In o entry is made, all forms ling the wage and income tra Line 2a	will be sent.	c. Record of Ac	ow. Enter only one tax for count	orm number per req	
Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See loss signature for Line 1a (see instructions) Date Done number of suppayer on line 1a or 2a Form 4506-C was signed by an Authorized Representative Print/Type name Sign Title (if line 1a above is a corporation, partnership, estate, or trust) Here Spouse's signature (required if listed on Line 2a) Date Date Signatory confirms document was electronically signed	B. Return Transcript Return Transcript Towage and Income trans. Enter a max of three for b. Mark the checkbox for thine 1a	Enter the tax form script (W-2, 1098- m numbers here; if taxpayer(s) request	b. Account Transcript b. Account Transcript E. 1099-G, etc.) In o entry is made, all forms ling the wage and income tra Line 2a	will be sent.	c. Record of Ac	ow. Enter only one tax for count	orm number per req	
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For Privacy Act and Paperwork Reduction Act Notice, see page 2

LINE 1a.iii: Field is limited to a maximum of 22 characters

LINES 2a: Enter the name of the spouse as it appears on the most recent tax return

LINES 2b: Enter the spouse's SSN

IMPORTANT REMINDERS

- IRS Form dated October 2022 is required
- Form content must be legible
- Alterations to the form information cannot be made by any party
- Dates must be in MM/DD/YYYY format
- Date must fall within 120 days of IRS receipt

LINE 8 (REQUIRED): Enter the fiscal tax year(s) requested in MM/DD/YYYY format

DATE: Enter the signature date in MM/DD/YYYY format. The form will be rejected if the date is past 120 calendar days from the signing date to the date processed by the IRS

PRINT/TYPE NAME: The signatory name must be printed/typed below the respective signature

TITLE: Title of signatory must be found in the acceptable business / trust title section above.