

Form 13803 (July 2011)	Department of the Treasury—Internal Revenue Service Income Verification Express Service (IVES) Application	OMB Number 1545-2032
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Please check the box(es) below that apply to this application.

☐ New
 ☐ Revised
 ☐ Add New Location
 ☐ Cancellation

Official Business Name (required) (Remains the same when adding new locations).	Doing Business As (required) (Remains the same when adding new locations).	Business EIN/SSN (required) If your firm is a partnership, corporation or sole proprietorship with employees, provide the employee identification number. If you do not have employees, provide your social security number. (Remains the same when adding new locations).
Business Location Address (required) A new application should be prepared for each business location. A Post Office Box will not be accepted.	Billing Address (required, if different than above)	Fax (required)
Business Telephone Number (required)	Business E-mail address	DUNN and Bradstreet Number (optional)

☐ **By marking this box, you acknowledge that you have read Publication 4557, Safeguarding Taxpayer Data, and will abide by the guidelines of the publication. In addition, you agree to use the taxpayer information you receive only for the purpose(s) the taxpayer/requestor intended on the Form 4506-T.**
 Failure to complete this box will result in the application being rejected and returned.

Principal of Your Firm (required) A principal is an officer, owner, business manager or other person whose responsibility is to administer your company's participation in the IVES program.

Last name (required)	First Name (required)	MI
SSN (required)	Date of Birth (required)	

Primary Contact Name (if different than the principal). A contact must be available on a day to day basis to answer IRS questions during testing and throughout the processing year.

Last name	First Name	MI
Telephone Number	E-mail address	

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.

Last name (required)	First Name (required)	MI
SSN (required)	Date of Birth (required)	

Where to fax your application.

Please fax your application to your closest IVES location listed below:

<u>IVES Location</u>	<u>Fax Number</u>
Austin, Texas	877-477-9603
Cincinnati, Ohio	877-477-0578
Fresno, California	877-477-0576
Kansas City, Missouri	877-477-9601
Ogden, Utah	877-477-0580

Applicant Agreement

The information I have provided on this application is true and correct to the best of my knowledge. 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 that failure to do so will result in a temporary or permanent exclusion from the program.

Name/title of Principal, partner or owner (type or print) _____

Signature _____ **Date** _____

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 Service (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.