



Credit Policy Announcement

January 10, 2023

Subject: Updated IRS Form 4506-C

To: All

Effective Date: Immediately

FlexPoint Inc will align with the Internal Revenue Service (IRS) new 4506-C requirements. To comply with IRS requirement, effective immediately, FlexPoint Inc will require new 4506-C form for all income qualifying. The new Form 4506-C cannot be edited. Therefore, the borrowers must fill out the form as they intend it to be processed.

Line 5 through 8 must be complete before the taxpayer signs. The exceptions to this are the following:

- ✓ Line 5a ii, IVES participant ID number
- ✓ Line 5a iii, SOR Mailbox ID
- ✓ Line 5b, Customer File Number
- ✓ Line 5c Unique Identifier (if included)

The following are instructions on how to complete Section 5 of the new IRS Form 4506-C (Rev. 10-2022)

Line 5A: Example: if vendor is DataVerify, the following information would be entered and required to be completed

- i. IVES Participant Name – DataVerify
- ii-iii IVES Participant ID + SOR mailbox ID – DataVerify will add these sections to the form
- iv Street Address – DataVerify Street Address
- v City -- DataVerify City name
- vi State -- DataVerify State Name
- vii Zip Code -- DataVerify Zip Code

5a. IVES participant name, ID number, SOR mailbox ID, and address ←			
i. IVES participant name		ii. IVES participant ID number	iii. SOR mailbox ID
iv. Street address (including apt., room, or suite no.)		v. City	vi. State vii. ZIP code
5b. 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 (NA))			
i. Client name			ii. Telephone number
iii. Street address (including apt., room, or suite no.)		iv. City	v. State vi. ZIP code
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)			

Line 5B: This section is required to be left blank. FlexPoint Inc's vendor will add order identification number to this section after the form is accepted.

Line 5C: This section is not required and can be left blank.

5a. IVES participant name, ID number, SOR mailbox ID, and address			
i. IVES participant name	ii. IVES participant ID number	iii. SOR mailbox ID	
iv. Street address (including apt., room, or suite no.)	v. City	vi. State	vii. ZIP code
5b. 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 (NA))			
i. Client name			ii. Telephone number
iii. Street address (including apt., room, or suite no.)	iv. City	v. State	vi. ZIP code

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

Line 5D: FlexPoint Inc information is required to be completed

- i. FlexPoint Inc
- ii. FlexPoint Inc phone #1-888-909-7717
- iii. FlexPoint Inc Street Address: 250 Baker St., Suite #200
- iv. FlexPoint Inc City: Costa Mesa
- v. FlexPoint Inc State: California
- vi. FlexPoint Inc Zip Code: 92626

5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA)) ←			
i. Client name			ii. Telephone number
iii. Street address (including apt., room, or suite no.)	iv. City	v. State	vi. ZIP code
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)			

If you have any questions regarding this announcement, please contact your manager or your assigned Account Executive.

Thank you,

FlexPoint Team