

**Full Employment Verification
Instructions**

To order a Full Employment Verification, please follow these instructions:

1. Order one of the Full Employment Verification searches (or a package containing this search) through your NCS dashboard
2. **Print the form and have the applicant complete section 1-3 (and 4 if applicable)**
 - a. **Then have the applicant sign at the bottom**
 - b. **PLEASE NOTE: Only have the applicant complete the sections with the blue boxes (or grey if printed in black and white). This means the boxes that don't have a blue or grey box inside of them DON'T need to be filled out (section 2 is an example).**
3. Upload the completed form(s) to the applicant's profile within your NCS account

The results will be uploaded to your dashboard and an e-mail will be sent to you as soon as the results are available. The Turnaround Time averages 3 business days.

Please contact NCS for more information or if you have any questions regarding this search.

Phone: 888-527-3282

E-mail: support@nationalcrimesearch.com

Thank you for your business!

Sincerely,

NCS

Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.
For more information about Form 4506-C, visit www.irs.gov and search IVES.

| | | | | | |
|---|---|---|---|--|-------------------------|
| 1a. Current name | | | 2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers) | | |
| i. First name | ii. Middle initial | iii. Last name/BMF company name | i. Spouse's first name | ii. Middle initial | iii. Spouse's last name |
| 1b. First taxpayer identification number (see instructions) | | | 2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers) | | |
| 1c. Previous name shown on the last return filed if different from line 1a | | | 2c. Spouse's previous name shown on the last return filed if different from line 2a | | |
| i. First name | ii. Middle initial | iii. Last name | i. First name | ii. Middle initial | iii. Last name |
| 3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) | | | | | |
| a. Street address (including apt., room, or suite no.) | | b. City | c. State | d. ZIP code | |
| 4. Previous address shown on the last return filed if different from line 3 (see instructions) | | | | | |
| a. Street address (including apt., room, or suite no.) | | b. City | c. State | d. ZIP code | |
| 5a. IVES participant name, ID number, SOR mailbox ID, and address | | | | | |
| i. IVES participant name FraudTechnology.com | | ii. IVES participant ID number | | iii. SOR mailbox ID SECURED123 | |
| iv. Street address (including apt., room, or suite no.) 3500 Fairlane Farms Rd, #2 | | v. City Wellington | vi. State FL | vii. ZIP code 33414 | |
| 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 National Crime Search, LLC | | | | ii. Telephone number 888-527-3282 | |
| iii. Street address (including apt., room, or suite no.) 3452 E Joyce Blvd | | iv. City Fayetteville | v. State AR | vi. ZIP code 72703 | |
| 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) | | | | | |
| 6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts | | | | | |
| a. Return Transcript <input type="checkbox"/> | | b. Account Transcript <input type="checkbox"/> | | c. Record of Account <input type="checkbox"/> | |
| 7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input checked="" type="checkbox"/> | | | | | |
| a. Enter a max of three form numbers here; if no entry is made, all forms will be sent. | | | | | |
| b. 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 <input checked="" type="checkbox"/> | | Line 2a <input type="checkbox"/> | | | |
| 8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions) | | | | | |
| 12 / 31 / 2022 | | 12 / 31 / 2021 | | 12 / 31 / 2020 | |
| 12 / 31 / 2019 | | | | | |
| 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 requested. 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 sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or 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 signature date. | | | | | |
| <input checked="" type="checkbox"/> 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 instructions. | | | | | |
| Sign Here | Signature for Line 1a (see instructions) | | Date | Phone number of taxpayer on line 1a or 2a | |
| | <input type="checkbox"/> Form 4506-C was signed by an Authorized Representative | | <input type="checkbox"/> Signatory confirms document was electronically signed | | |
| | Print/Type name | | | | |
| | Title (if line 1a above is a corporation, partnership, estate, or trust) | | | | |
| | Spouse's signature (required if listed on Line 2a) | | | Date | |
| | <input type="checkbox"/> Form 4506-C was signed by an Authorized Representative | | <input type="checkbox"/> Signatory confirms document was electronically signed | | |
| Print/Type name | | | | | |