

Illinois Department of Revenue

Withholding/Payroll Service Provider

Letter of Intent

This form must be completed and submitted to [Rev.ILDOR.FSET@illinois.gov](mailto:Rev.ILDOR.FSET@illinois.gov).

**Version 1.0**

**09/1/2023**

Tax Software Provider Illinois Department of Revenue’s Letter of Intent Withholding/Payroll

Welcome to the Letter of Intent (LOI) for Withholding/Payroll. If your software company intends to submit withholding/payroll informational returns electronically you will need to complete this form and submit it to [Rev.ILDOR.FSET@illinois.gov](mailto:Rev.ILDOR.FSET@illinois.gov).

By submitting this LOI to the Illinois Department of Revenue, you agree to meet our standards for software provider registration, and tax preparation software.  If you do not meet the standards and requirements explained in this LOI or provide an incomplete form, we may deny your application or revoke your approved software provider status and reject all electronic returns submitted using your products.

You must complete a separate LOI form for each unique product your company offers.

**Amended Letter of Intent**

Check this box if this is an amended Letter of Intent.

Reason for amendment:

**Company information**List your company information.

|  |  |  |
| --- | --- | --- |
| Name of company | Product name | City/State issued software ID (if applicable) |
| DBA Name | NACTP vendor ID (if applicable) | City/State tax account number (if applicable) |
| Address | Product address/URL | Company FEIN |
| City | State | Zip code |
| List your other product names using the same calculation engines here: | | |

**IRS issued electronic identification numbers**List your IRS electronic identification numbers. The transmission header of the FSET package has a required element transmitter with a required choice of EFIN or ETIN.

|  |  |
| --- | --- |
| Test EFIN(s) and/or ETIN(s) | Production EFIN(s) and/or ETIN(s) |

**Contact information**   
List the contact information for each area identified.

|  |  |  |
| --- | --- | --- |
| Regulatory/compliance contact | Phone | Email address |
| Primary withholding e-file contact | Phone | Email address |
| Secondary withholding e-file contact | Phone | Email address |

## **Substitute forms registration**

Substitute forms providers must complete Form [IL-8633-SF](https://tax.illinois.gov/content/dam/soi/en/web/tax/taxprofessionals/documents/detailedguidelinesspecifications.pdf), Substitute Form Provider Enrollment, available at [tax.illinois.gov](https://tax.illinois.gov/) and email it to [REV.vendorforms@illinois.gov](mailto:REV.vendorforms@illinois.gov).

## **Software products and tax types supported** Check all that apply.

## 

|  |  |
| --- | --- |
| **Type of software product supported** | |
| Web-Based |  |
| Desktop |  |

|  |  |
| --- | --- |
| **Forms and schedules** | **e-file** |
| IL-941/Schedule P |  |
| Schedule WC |  |
| IL-501 |  |
| IL-941-X/Schedule P-X |  |

## **E-file mandates or requirements**

* You must file Forms IL-941 **electronically**. If you are unable to do so, you can complete Form IL-900-EW to request a waiver. Contact Taxpayer Assistance at 1 800 732-8866 or 1 217 782-3336 to request Form IL-900-EW, Waiver Form. Complete the waiver form and mail it to the address listed on the form. We will notify you if the waiver is approved or denied.
* You must make withholding tax payments **electronically** if you are assigned to the semi-weekly payment schedule.

## **Electronic corrected/amended returns**

The Illinois Department of Revenue requests you support electronic corrected/amended returns.

**Software limitations**

List any software limitations to forms or schedules you support. If there are additional limitations after completing the LOI, please provide it before testing.

**Agency requirements**  
This section identifies agency requirements and expectations of new and existing Software Providers and the software product.

# Issue notification and resolution requirements

This section represents the Illinois Department of Revenue’s issue notification and issue resolution standards. If your company identifies an issue, incident, or threat of significance, you should:

• Conduct an initial analysis and immediately take steps to block or contain the issue.

• Share detailed information about impacts to our returns or taxpayers immediately as permitted by applicable laws, regulations, or policies. Information we’d like includes, but is not limited to:

o Date and time of the incident.

o Date and time the incident was discovered.

o How the incident was discovered.

o Description of the incident.

o Data involved, including specific data elements if know, including return submission IDs.

o Actual or estimated number of taxpayer records involved.

o Infrastructure/systems involved (i.e. laptops, servers, desktops etc.).

o Examples of information communicated to customers or other external audiences about the issue.

o Plan for correcting the issue and if appropriate, notifying those impacted.

• Work with us to answer our questions and identify, correct, and prevent the issue.

• If applicable, work with us to develop and distribute communication material and instructions for customers.

**System security requirements**

The Illinois Department of Revenue does not prescribe the security requirements for your system. You are responsible for implementing appropriate security measures to protect taxpayers and their information in your system. You must apply security measures to protect taxpayer information in your system when it is on-line, off-line, at rest, and in transit.

**Security incident requirements**

Data breaches, security incidents, or other improper disclosures of taxpayer data that by law require reporting to the Illinois Attorney General’s Office must also be reported to the Illinois Department of Revenue.

# Production return submission requirements

# All returns generated from this software must be e-filed or printed from the approved software or a subsequent product update.

# Product update

# Desktop product users who attempt to file 10 or more business days after a production release must be required to download and apply the product update.

# Schema or file format requirements

# Your software must follow the schema requirements or file format prescribed by the agency. Find the Illinois Department of Revenue’s schema requirements in the FTA’s State Exchange System (SES).

# Testing and submission requirements All e-file tests submitted during the approval process must be created in, and originate from, the actual software.

## **Validation of data elements**

You must validate the following pre-populated data elements:

• Withholding account number(s) – employer identification number.

**Customer notices**

This section identifies information the Illinois Department of Illinois is requiring the software providers to communicate with customers.

# Disclosure and use of information language expectations

The following consent language must be added to electronic filing software to notify the user.

**For do-it-yourself software:** *By using a computer system and software to prepare and/or file my tax return(s) electronically, I consent to the transmission of my return(s) and to the disclosure of all information about my use of the system and software to the Illinois Department of Revenue.*

**For tax professional software:**

*By using a computer system and software to prepare and/or file my client’s return(s), I consent to the transmission of my client’s return(s) and to the disclosure of all information about my use of the system and software to the Illinois Department of Revenue****.***

# Acknowledgments and signature

By signing this agreement, I agree to provide true, accurate, current, and complete information and my company agrees to all the requirements listed in this document.

The Illinois Department of Revenue reserves the right to deny, suspend or terminate my company’s ability to submit returns.

|  |  |  |
| --- | --- | --- |
| AUTHORIZED REPRESENTATIVE PRINTED NAME | AUTHORIZED REPRESENTATIVE EMAIL ADDRESS | |
| AUTHORIZED REPRESENTATIVE SIGNATURE | AUTHORIZED REPRESENTATIVE PHONE NUMBER | DATE |

## **Authorized access to the State Exchange System**

## Access to the State Exchange System should be limited to those with a business need.

## Provide information for each employee you are authorizing for access to the State Exchange System.

**NOTE:** Include all authorized individuals, even if listed previously on this form.The email addresses must be for individuals, not group email addresses, and must match the company’s domain.

|  |  |  |
| --- | --- | --- |
| First and last name | Phone number | Email address |
| Authorized access  E-file |  |
| First and last name | Phone number | Email address |
| Authorized access  E-file |  |
| First and last name | Phone number | Email address |
| Authorized access  E-file |  |
| First and last name | Phone number | Email address |
| Authorized access  E-file |  |
| First and last name | Phone number | Email address |
| Authorized access  E-file |  |
| First and last name | Phone number | Email address |
| Authorized access  E-file |  |
| First and last name | Phone number | Email address |
| Authorized access  E-file |  |
| First and last name | Phone number | Email address |
| Authorized access  E-file |  |