**Logo, company name

Description automatically generated**

**Commonwealth of Massachusetts**

**Department of Revenue**

**Massachusetts Department of Revenue**

Income Tax Letter of Intent

**Tax Year 2024**

This form must be completed and submitted to [mef@dor.state.ma.us](mailto:mef@dor.state.ma.us) by 12/01/2024.

For any general questions about this LOI, please contact [mef@dor.state.ma.us](mailto:mef@dor.state.ma.us).

# **2024 Tax Software Provider Massachusetts Department of Revenue Letter of Intent**

Welcome to the Income Tax Letter of Intent (LOI). If your software company intends to submit electronic and/or paper returns to the Massachusetts Department of Revenue you will need to complete this form and submit it to [mef@dor.state.ma.us](mailto:mef@dor.state.ma.us).

By submitting this Letter of Intent (LOI) to the Massachusetts Department of Revenue, you agree to meet our standards for software provider registration, tax preparation software, and substitute forms.  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 and/or paper returns submitted using your products.

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

**Note:** If you are a new Software Provider who has not filed city/state income tax returns with any city or state agencies, you must have passed assurance testing with the IRS. Attach documentation from the IRS demonstrating you have successfully tested with the IRS.

**Important dates**

The Massachusetts Department of Revenue has important key dates to ensure we are ready for the filing season and taxpayers can file an accurate and timely tax return. Please note the following key dates:

* Complete and submit this LOI by 12/1/2024.
* Assurance testing (ATS) tentatively begins on 12/02/2024.
* E-file tests for New Software Providers filing with the Massachusetts Department of Revenue for the first time must be completed and approved by 01/31/2025.

**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 | City/State tax account number (if applicable) |
| Address | Product URL | Company FEIN |
| City | State | Zip code |
| List your other product names using the same calculation engines here: **Note:** The same calculation engine is defined as products that use the same calculation engine and support all the same forms and schedules. | | |

**IRS issued electronic identification numbers**

List your IRS electronic identification numbers.

|  |  |  |
| --- | --- | --- |
|  | **EFIN(s)** | **ETIN(s)** |
| **Individual Tax** | Test EFIN(s) | Test ETIN(s) |
|  | Production EFIN(s) | Production ETIN(s) |
|  | | |
| **Business Tax** | Test EFIN(s) | Test ETIN(s) |
|  | Production EFIN(s) | Production ETIN(s) |

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

|  |  |  |
| --- | --- | --- |
| Regulatory/compliance contact | Phone | Email address |
| Secondary regulatory/compliance contact | Phone | Email address |
| Primary individual MeF contact | Phone | Email address |
| Secondary individual MeF contact | Phone | Email address |
| Primary business MeF contact | Phone | Email address |
| Secondary business MeF contact | Phone | Email address |
| Primary fiduciary (Estate/Trust) MeF contact | Phone | Email address |
| Secondary fiduciary (Estate/Trust) MeF contact | Phone | Email address |
| Primary leads reporting contact | Phone | Email address |
| Secondary leads reporting contact | Phone | Email address |

## **Substitute forms registration**

Complete this section only if your product will provide substitute forms.

|  |  |  |
| --- | --- | --- |
| Agency substitute forms software number | | |
| Primary individual forms contact | Phone | Email address |
| Secondary individual forms contact | Phone | Email address |
| Primary business forms contact | Phone | Email address |
| Secondary business forms contact | Phone | Email address |
| **Note:** If you have separate contacts for each business tax type, please list them by tax type on a separate sheet and attach it to this submission. | | |

**Software products and tax types supported**

Check all that apply.

|  |  |
| --- | --- |
| **Type of software product supported** | |
| DIY/consumer (Web-Based) |  |
| DIY/consumer (Desktop) |  |
| Professional/paid preparer (Web-Based) |  |
| Professional/paid preparer (Desktop) |  |

|  |  |
| --- | --- |
| **Tax types supported** | |
| Individual income tax | e-File  Substitute forms |
| Estate/trust/fiduciary tax | e-File  Substitute forms |
| Partnership tax | e-File  Substitute forms |
| Corporation | e-File  Substitute forms |
| S-Corporation | e-File  Substitute forms |
| Combined Reporting | e-File  Substitute forms |
| Composite | e-File  Substitute forms |
| 63D-ELT | e-File  Substitute forms |

|  |  |
| --- | --- |
| **Confirm your support for** | |
| Linked Returns | Yes  No |
| Unlinked Returns | Yes  No |
| Amended Returns | Yes  No |
| Foreign Address | Yes  No |
| PDF Attachments | Yes  No |

**Rebranded software products**Complete this section only if your product is rebranded.

For software to be considered rebranded, changes cannot be made to the software requirements and output(s). As the Software company selling and/or licensing your product to a third-party, it is your responsibility to make sure the rebranded product reflects the current software requirements and output(s). List each of your rebranded products below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rebranded product name | ETIN (if applicable) | Contact person | Phone | Email address |
| Rebranded product name | ETIN (if applicable) | Contact person | Phone | Email address |
| Rebranded product name | ETIN (if applicable) | Contact person | Phone | Email address |
| Rebranded product name | ETIN (if applicable) | Contact person | Phone | Email address |
| Rebranded product name | ETIN (if applicable) | Contact person | Phone | Email address |

Attach additional sheets if needed.

For Rebranded Products, the Massachusetts Department of Revenue has the following requirements:

## Rebranded Products are not required to complete e-file ATS/paper form approval.

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

Most of these requirements are summarized in TIR 21-9 and TIR 16-9, including federal xml return is required to be included in the state MeF submission. Mandate information for the Massachusetts Department of Revenue (DOR) is available at our website at: <https://www.mass.gov/info-details/dor-e-filing-and-payment-requirements>

## **Forms and schedules supported by tax type (check all that apply)**

Check the boxes of the forms and schedules your company supports.

|  |  |  |
| --- | --- | --- |
| **Forms and schedules** | **Substitute forms** | **e-file** |
| **Individual Income Tax** | | |
| Form 1-NR/PY Nonresident/Part-Year Resident Income Tax |  |  |
| Form 1 Resident Income Tax |  |  |
| MA Form 1-ES Estimated Tax Payment Voucher |  |  |
| MA Form EFO Declaration of Paper Filing |  |  |
| MA Form M-1310 Claim of Refund Due to Deceased Taxpayer |  |  |
| MA Form M-2210 Underpayment of Estimated Income Tax |  |  |
| MA Form M-4868 Massachusetts Income Tax Extension Payment Worksheet and Voucher |  |  |
| MA Form M-8379 Non debtor Spouse Claim and Refund Allocation |  |  |
| MA Form M-8453 E-File Declaration |  |  |
| MA Form PV Tax Payment Voucher |  |  |
| MA Form PWH-WA Performer or Performing Entity Withholding Allocation Form |  |  |
| MA Schedule B Interest, Dividends and Certain Capital Gains and Losses |  |  |
| MA Schedule C Profit/Loss from Business |  |  |
| MA Schedule C-2 Excess Deductions Against Trade or Business Income |  |  |
| MA Schedule CB Circuit Breaker Credit |  |  |
| MA Schedule D Long-Term Capital Gains and Losses Excluding Collectibles and pre-1996 installment sales |  |  |
| MA Schedule DI Dependent Information |  |  |
| MA Schedule D-IS Long-Term Capital Gains and Losses Excluding Collectibles |  |  |
| MA Schedule E Reconciliation and Information: Total Supplemental Income and (Loss) |  |  |
| MA Schedule E-1 Rental Real Estate and Royalty Income and (Loss) |  |  |
| MA Schedule E-2 Partnership and S Corporation Income and (Loss) |  |  |
| MA Schedule E-3 Estate, Trust, REMIC and Farm Income and (Loss) |  |  |
| MA Schedule HC Health Care Information |  |  |
| MA Schedule HC-CS Health Care Information Continuation Sheet |  |  |
| MA Schedule INC |  |  |
| MA Schedule NTSL No Tax Status and Limited Income Credit |  |  |
| MA Schedule RNR Resident/Nonresident Worksheet |  |  |
| MA Schedule SC Septic Credit of Repairing or Replacing a Failed Cesspool or Septic System |  |  |
| MA Schedule X Other Income |  |  |
| MA Schedule Y Other Deductions |  |  |
| State 1099-Misc |  |  |
| State 1099-NEC |  |  |

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| --- | --- | --- |
| **Estate and Fiduciary Tax** |  |  |
| Form 2 Fiduciary Income Tax Return |  |  |
| Form 2G Grantor/Owner’s Share of a Grantor Type Trust |  |  |
| MA Form 2-ES Estimated Payment Voucher |  |  |
| MA Form 2-PV Payment Voucher |  |  |
| MA Form M-2210F Underpayment of Massachusetts Estimated Income Tax for Fiduciaries |  |  |
| MA Form M-8453F Fiduciary Tax Declaration for Electronic Filing |  |  |
| MA Form M-8736 Fiduciary Extension Payment Worksheet and Voucher |  |  |
| MA Schedule 2K-1 Beneficiary’s Massachusetts Information |  |  |
| MA Schedule B Interest, Dividends and Certain Capital Gains and Losses |  |  |
| MA Schedule B/R Beneficiary/Remainderman |  |  |
| MA Schedule D Capital Gains and Losses |  |  |
| MA Schedule E Rental Income or Loss |  |  |
| MA Schedule H Expenses and Fiduciary Compensation |  |  |
| MA Schedule IDD Income Distribution Deduction |  |  |

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| **Partnership Tax** |  |  |
| Form 3 Partnership Return of Income |  |  |
| MA Schedule 3K-1 Partner's Massachusetts Information |  |  |

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| **Corporation Excise Tax** |  |  |
| Form 355 Business/Manufacturing Corporation Excise Return |  |  |

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| **S-Corporation Excise Tax** |  |  |
| Form 355S S-Corporation Excise Return |  |  |
| MA Schedule S S-Corporation Distributive Income |  |  |
| MA Schedule SK-1 Shareholder's Massachusetts Information |  |  |

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| **Combined Reporting Tax** |  |  |
| Form 355U Excise for Taxpayers Subject to Combined Reporting |  |  |
| MA Schedule CG Combined Reporting Allocation Schedule |  |  |
| MA Schedule CIR Consolidated Return Income Reconciliation |  |  |
| MA Schedule U-CI Combined Income |  |  |
| MA Schedule U-CS Credits Shared from Other Members |  |  |
| MA Schedule U-E Massachusetts Unitary or Affiliated Group Income |  |  |
| MA Schedule U-IC Member's Individual Credits |  |  |
| MA Schedule U-INS Payment to Insurance Companies Under Common Ownership |  |  |
| MA Schedule U-M Member's Income and Expenses |  |  |
| MA Schedule U-MSI Member's Apportioned Share of Group Income |  |  |
| MA Schedule U-MTI Member's Taxable Income from Sources other than the Unitary Business |  |  |
| MA Schedule U-NOLS Member's Shared Loss Carryover |  |  |
| MA Schedule U-ST Member's Separate Computation of Tax |  |  |
| MA Schedule U-TM Tax by Member |  |  |

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| --- | --- | --- |
| **Composite Tax** |  |  |
| Form MA NRCR Non-Resident Composite Return |  |  |
| Form M-8453CR Nonresident Composite Return Tax Declaration for Electronic Filing |  |  |
| Form CRFS Composite Return Filing Statement |  |  |

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| **Entity Level Tax** |  |  |
| Form 63D-ELT Entity Level Tax |  |  |
| Form M-63D EXT Entity -Level Tax Extension Payment Worksheet and Voucher |  |  |
| Form M-8453ELT 63D Entity Level Tax Declaration for Electronic Filing |  |  |

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| **Other Forms and Common Schedules** |  |  |
| Form AA-1 Application for Section 42 Method of Apportionment |  |  |
| Form 355-7004 Corporate Extension Payment Worksheet and Voucher |  |  |
| Form 355SC Security Corporation Excise Return |  |  |
| Form 355SV Taxation of Ships and Vessels |  |  |
| Form M-2220 Underpayment of Massachusetts Estimated Tax by Corporations |  |  |
| Form M-8453C Corporate Tax Declaration for Electronic Filing |  |  |
| MA Schedule 4% Surtax |  |  |
| MA Schedule A Balance sheet |  |  |
| MA Schedule ABI Exceptions to the Add Back of Interest Expenses |  |  |
| MA Schedule ABIE Exceptions to the Add Back of Intangible Expenses |  |  |
| MA Schedule B Tangible or Intangible Property Corporation Classification |  |  |
| MA Schedule C Tangible Property Corporation |  |  |
| MA Schedule CG Combined Reporting Allocation Schedule |  |  |
| MA Schedule CIR Consolidated Return Income Reconciliation |  |  |
| MA Schedule CMS Credit Manager Schedule |  |  |
| MA Schedule CRS Credit Recapture Schedule |  |  |
| MA Schedule D Intangible Property Corporation |  |  |
| MA Schedule DRE Disclosure of Disregarded Entity |  |  |
| MA Schedule E Taxable Income |  |  |
| MA Schedule E-1 Dividends Deduction |  |  |
| MA Schedule EC Solar and Wind Energy Credit |  |  |
| MA Schedule EDIP Refundable Economic Development Incentive Program Credit |  |  |
| MA Schedule EOAC Economic Opportunity Area Credit |  |  |
| MA Schedule F Income Apportionment |  |  |
| MA Schedule FAF Farming and Fisheries Credit |  |  |
| MA Schedule FCI Foreign Corporation income of U.S. Shareholder |  |  |
| MA Schedule FE Report with Respect to Foreign Entities |  |  |
| MA Schedule H Investment Tax Credit |  |  |
| MA Schedule LP Credit for Removing or Covering Lead Paint on Residential Premises |  |  |
| MA Schedule M-1 Federal Reconciliation |  |  |
| MA Schedule NOL Net Operation Loss Carryforward |  |  |
| MA Schedule OJC Income Tax due to Other Jurisdictions |  |  |
| MA Schedule RC Research Credit |  |  |
| MA Schedule RLSC Refundable Life Science Credit Life Science Company |  |  |
| MA Schedule RNW REIT Net Worth Calculation |  |  |
| MA Schedule TDS Taxpayer Disclosure Statement |  |  |
| MA Schedule TTP Tax Treaty Positions |  |  |
| MA Schedule VP Vanpool Credit |  |  |
| IRS 1040 Schedule F Profit or Loss from Farming |  |  |
| IRS 1099-R |  |  |
| IRS W2 |  |  |
| IRS W2G |  |  |
|  |  |  |

**Electronic amended returns**

The Massachusetts Department of Revenue (DOR) requests that you support electronic amended returns for those available through MeF.

**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 Massachusetts Department of Revenue issue notification and issue resolution standards.

When an issue has been identified that is or has been affecting the accuracy of accepted returns, the vendor must notify the Massachusetts Department of Revenue immediately to discuss correcting the issue and mitigating its impact**.**

Notify the Massachusetts Department of Revenue if any forms and/or payments you support are not ready after agency approval. Submit this information via email to [mef@dor.state.ma.us](mailto:mef@dor.state.ma.us) and include the date the electronic or paper product will be ready to submit.

# **System security requirements**

# The Massachusetts 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**

# Unless otherwise prohibited by law, all data breaches, security incidents, or other improper disclosures of taxpayer data must be promptly reported to the Massachusetts Department of Revenue and Massachusetts Attorney General’s Office.

# **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.

All MeF returns should include the federal xml return. When the federal return is not supported by the IRS in XML, a pdf copy of the federal return should be attached to the state submission.

**Note:** Massachusetts Department of Revenue supports both linked and unlinked returns. The federal return must be included, regardless of whether the return is linked or unlinked.

Returns that are rejected have a 10-day perfection period. When a previously rejected electronic return is “Accepted” within the ten-day Perfection Period, it will be deemed to have been received on the date of the first reject that occurred within that ten-day period.

**Product updates**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.

# **Schemas**

# Your software must adhere to the schema requirements included in the authentication and return header. The Massachusetts Department of Revenue schema information and requirements can be found at the FTA State Exchange System (SES).

**Testing and submissions**All e-file ATS and substitute forms tests submitted during the approval process must be created in, and originate from, the actual software.

## **Validation of data elements**

To ensure the accuracy of the return, all data elements, both pre-populated and data entered, should be validated before the submission of the return.

**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 you submit ATS testing.

Are there any differences in the forms you support based on the type of software? If yes, please explain those differences.

**Software exceptions**

Provide any exceptions to forms or schedules you support based on the type of software during ATS. Example, a DIY product does not support the same schedules as a professional product. Failure to provide this information could delay the review of your test returns.

**Customer Notices**This section identifies information Massachusetts Department of Revenue is requiring the software providers to communicate with customers.

# **Disclosure and use of information language expectations**

You must include the following consent language with electronic filing software.

**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 Massachusetts 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 Massachusetts Department of Revenue****.***

**For Business software:**

*By using a computer system and software to prepare and/or file this business tax return(s), I consent to the transmission of the return(s) and to the disclosure of all information about the use of the system and software to the* *Massachusetts Department of Revenue*.

**Driver’s license/ID card expectations for individual income tax**

The Massachusetts Department of Revenue is providing the following expectations and information:

**For e-File returns:**

The Massachusetts Department of Revenue requests the DL/ID card be included with the return but will not reject the return if it is not included.

The Massachusetts Department of Revenue is providing a URL for the DL/ID Card. All Do It Yourself (DIY) and Tax Professional software packages must include this information in your software. The message is expected to be displayed within the software in a way to maximize the likelihood the message is read.

**URL:** <https://www.mass.gov/service-details/tips-for-filing-taxes>

## **Refund expectations**

The Massachusetts Department of Revenue is providing a URL for refund processing. All Do It Yourself (DIY) and Tax Professional software packages must include this information in your software. The message is expected to be displayed within the software in a way to maximize the likelihood the message is read.

**URL:** <https://www.mass.gov/service-details/tips-for-filing-taxes>

## **Taxes due expectations**

The Massachusetts Department of Revenue is providing a URL about taxes due, such as due dates and payment methods. All Do It Yourself (DIY) and Tax Professional software packages must include this information in your software. The message is expected to be displayed within the software in a way to maximize the likelihood the message is read.

**URL:** <https://www.mass.gov/how-to/pay-your-personal-income-tax>

# **A****gency questions**

This section contains questions the Massachusetts Department of Revenue has for each software provider about its product.

1. Are you a member of the Free File Alliance?

a. Yes

b. No

2. Are software updates to the product performed manually or are they automatic?

a. Manually

b. Automatic

3. How often does the company push software updates? Are updated periodic (i.e., monthly or weekly) or ad-hoc? If periodic, are they performed on a certain day of the month or week?

4. What refund products or payment vehicles do you offer your customers? If you partner with

an entity to provide or process refunds (e.g., Amazon.com or other pre-paid cards), please

provide the names and bank routing numbers (RTNs) of each company. Attach a separate sheet if necessary.

# **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 Massachusetts 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. The tax type box should include all the tax types individuals are authorized to access.

**NOTE:** Include all authorized individuals, even if listed previously on this form.

|  |  |  |
| --- | --- | --- |
| First and last name | Phone number | Email address |
| Authorized access  e-File  Substitute Forms | Tax types |
| First and last name | Phone number | Email address |
| Authorized access  e-File  Substitute Forms | Tax types |
| First and last name | Phone number | Email address |
| Authorized access  e-File  Substitute Forms | Tax types |
| First and last name | Phone number | Email address |
| Authorized access  e-File  Substitute Forms | Tax types |
| First and last name | Phone number | Email address |
| Authorized access  e-File  Substitute Forms | Tax types |
| First and last name | Phone number | Email address |
| Authorized access  e-File  Substitute Forms | Tax types |
| First and last name | Phone number | Email address |
| Authorized access  e-File Substitute Forms | Tax types |
| First and last name | Phone number | Email address |
| Authorized access  e-File  Substitute Forms | Tax types |