Massachusetts Department of Revenue

Tax Software Provider Letter of Intent

Tax Year 2019

Barry D. White

E-File Coordinator

December 1, 2019

# **2019 Tax Software Provider Letter of Intent**

By submitting this Letter of Intent (LOI) to the Massachusetts Department of Revenue, you are agreeing to meet our standards for software provider registration, all tax preparation software, and substitute forms.  Agreement and adherence to the national standards are required as a prerequisite to approval.

Failure to meet the standards or requirements set forth in the national standards and requirements form or in this LOI may result in the denial of your application or the removal of your organization as an approved software provider, and the rejection of all electronic or paper returns submitted using your products.

Please complete a registration form for each unique product your company offers. If you submit an incomplete form, your request to participate in electronic or paper submissions may be denied.

**This form must be completed and emailed to Barry D. White (E-File Coordinator) at** **Whiteb@dor.state.ma.us** **no later than December 1, 2019.**

|  |  |  |
| --- | --- | --- |
| Name of Company      | Product Name      |  State Software ID       |
| DBA Name      | NACTP Member Number      | State Tax Account Number (if applicable)      |
| Address      | Product Address/URL      | Company FEIN      |
| City      | State      |  Zip Code      |
|  |
| 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 Leads Reporting Contact      | Phone      | Email Address      |
| Secondary Leads Reporting Contact      | Phone      | Email Address      |
|  |  |
| Test EFIN(s)      | Test ETIN(s)      |
| Production EFIN(s)      | Production ETIN(s)      |

##

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

## Please provide a list of employees within your organization that you are authorizing to have access to the State Exchange System. The list you provide should include the following information:

* Company name, if different than company name at top of LOI
* First and last name of authorized individual(s)
* Email address
* Phone number
* Tax types they are authorized to access (indicate all or individual, corporate, estate/trust, payroll etc.)

**NOTE:** If the individuals are the same as what you’ve listed on the first page, please include them in this section as well.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company name      | First and last name      | Email address      | Phone number      | Authorized access[ ]  Forms[ ]  E-file | Tax types       |
| Company name      | First and last name      | Email address      | Phone number      | Authorized access[ ]  Forms[ ]  E-file | Tax types       |
| Company name      | First and last name      | Email address      | Phone number      | Authorized access[ ]  Forms[ ]  E-file | Tax types       |
| Company name      | First and last name      | Email address      | Phone number      | Authorized access[ ]  Forms[ ]  E-file | Tax types       |

Please attach additional sheet with authorized users if necessary.

## **Type of software product**

[ ]  DIY/Consumer (Web-Based)

[ ]  DIY/Consumer (Desktop)

[ ]  Professional/Paid Preparer (Web-Based)

[ ]  Professional/Paid Preparer (Desktop)

**Tax types supported**

Please check all that apply

Forms E-File

[ ]  [ ]  Individual Income Tax

[ ]  [ ]  Property Tax

[ ]  [ ]  Estate/Trust/Fiduciary Tax

[ ]  [ ]  Partnership Tax

Forms E-File

[ ]  [ ]  Corporate/Franchise Tax

[ ]  [ ]  S-Corporation Return

[ ]  [ ]  Insurance Premium Tax

[ ]  [ ]  Pass-Through Partnership/S-Corp

## **Rebranded software products**

|  |
| --- |
| **Complete this section if your product is rebranded. If there are more than five software products that have been rebranded under a different name, please list them on a separate sheet and attach it to this submission.** **Note:** In order for the software to be considered rebranded, changescannot be made to the software requirements and output(s). It is your responsibility to make sure the rebranded product reflects the current software requirements and output(s).  |
| Rebranded Product Name      | Contact Person      | Phone      | Email Address      | National Software ID \*       |
| Rebranded Product Name      | Contact Person      | Phone      | Email Address      | National Software ID \*      |
| Rebranded Product Name      | Contact Person      | Phone      | Email Address      | National Software ID \*      |
| Rebranded Product Name      | Contact Person      | Phone      | Email Address      | National Software ID \*      |
| Rebranded Product Name      | Contact Person      | Phone      | Email Address      | National Software ID \*      |
| \*If not available at the time of LOI submission, please provide it when available.  |

For Rebranded Products, the Massachusetts Department of Revenue has the following requirements for paper forms and e-file ATS approval:

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

##

## **Substitute forms registration**

|  |
| --- |
| **Complete this section if your product will be providing substitute forms**  |
| State Substitute Form Vendor 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      |
| \*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. |

## **Forms and schedules supported**

Please provide an attachment listing the Forms/Schedules supported for paper and efile for all tax types that you support. Indicate whether or not the form is supported for both print and e-file returns or just printed returns.

**Communication and Expectations**

## **Documents and materials**

The Massachusetts Department of Revenue’s e-file and paper form documentation will be provided at the following location:

* FTA State Exchange System (SES)

##

## **Refund expectations**

The Massachusetts Department of Revenue is providing a URL about refund processing. Industry partners must use this URL in all products. The message must be shown to end-users within the software in a way to maximize the likelihood the message is read.

**URL:** <https://www.mass.gov/how-to/check-the-status-of-your-tax-refund>

## **Taxes due expectations**

The Massachusetts Department of Revenue is providing a URL about taxes due, such as due dates and payment methods. Industry partners must use this URL in all products. The message must be shown to end-users 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>

## **Driver’s license/ID card expectations**

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

**For e-file returns:**

The Massachusetts Department of Revenue wants to receive the DL/ID Card information with the tax return. ID information is not required on the Massachusetts tax return, and the option for no ID can be chosen if the taxpayer does not wish to provide it.

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 messages are expected to be shown to end-users 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>

# **Questions, Requirements, Standards and Recommendations**

This section represents jurisdiction questions, requirements, and standards for tax software providers.

##

## **Standards and requirements for confirmation of specific data elements**

The vendor code is required for all e-filed returns.

##

## **Specific questions**

1. Do you support unlinked jurisdictional returns?
	1. [ ]  Yes
	2. [ ]  No
2. What refund products or payment vehicles do you offer your customers? If you partner with an entity to provide refunds, please provide the names and bank routing numbers (RTNs) of each company. Attach a separate sheet if necessary.

# **Acknowledgments and signature**

[ ]  I acknowledge all e-file ATS tests submitted during the approval process are created in, and originate from, the actual software.

[ ]  I acknowledge all electronic returns received by the Massachusetts Department of Revenue generated from this software will be electronically filed from the initially approved product version, or a subsequent product update.

[ ]  I acknowledge all paper returns received by the Massachusetts Department of Revenue generated from this software will be printed from the approved product version, or a subsequent product update.

[ ]  I acknowledge the Massachusetts Department of Revenue will be notified of any incorrect and/or missing calculation or e-file data element for any paper or electronic returns submitted to the Massachusetts Department of Revenue.

[ ]  I acknowledge users/customers of desktop products that attempt to e-file 10 or more business days after a production release will be required to download and apply the product update.

I agree to provide true, accurate, current, and complete information. By signing this agreement, my company agrees to all of 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      |

**Complete this signature line if this is an amended Letter of Intent**

|  |  |  |
| --- | --- | --- |
| AUTHORIZED REPRESENTATIVE SIGNATURE      | AUTHORIZED REPRESENTATIVE PHONE NUMBER       | AMENDED DATE      |