# Montana

## Department of Revenue



## Modernized e-File Program

Pass-Through Entity Information and Composite Tax Return

## (PTE)

Tax Year 2019

### 2019 Montana Department of Revenue Tax Software Provider Letter of Intent

This Letter of Intent (LOI) sets forth the specific questions, requirements, and standards for tax software providers (Provider) for the Montana Department of Revenue (Department). By submitting this LOI to the Department, you are agreeing to meet our standards for Provider registration, tax preparation, tax preparation software (DIY or professional), and production of substitute forms.

This LOI also incorporates by reference all the terms, requirements, and standards set forth in the Tax Software Provider National Standards Letter of Intent (National Standards) maintained by the Federation of Tax Administrators. Agreement and adherence to the National Standards, and all nationally recognized standards listed therein, are required as a prerequisite to approval.

Failure to meet any of the standards or requirements set forth in the national standards and requirements form or in this LOI will result in the denial of your application or the removal of your organization as an approved 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 submitted to <u>dore-services@mt.gov</u> no later than November 1, 2019.

Name of Company	Product Name		State Software ID	
DBA Name	NACTP Member Number		State 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)		

### Type of Software Product

DIY/Consumer (Web-Based)

DIY/Consumer (Desktop)

Professional/Paid Preparer (Web-Based)

Professional/Paid Preparer (Desktop)

#### Pass-Through Entity Tax Forms Supported for MeF (Check all that apply)

Submission Type	Supplemental Forms
Linked Returns	AEPC
Unlinked Returns (Amended Returns Only)	AFCR
Amended Returns	BBSC
Prior Year Returns	cc
	DCAC
Main Forms and Schedules (Required)	HI HI
Form PTE	RCYL
Form PTE Schedule I	ELC
Form PTE Schedule II	MINECRED
Form PTE Schedule IV	IUFC
Form PTE Schedule VI	
Form PTE, Schedule VII	
PTE, Schedule DE	
PTE Schedule K1	
PTE, Montana Adjustments Worksheet	
PTE, Montana Source Income Worksheet	
Miscellaneous	

#### Miscellaneous

- Direct Deposit
- IAT Transactions

Binary Attachments

#### **Rebranded Software Products**

Provider: Use this section only if this product is rebranded with the approval of the Software Publisher, who is the original creator of the software and signer of the LOI. It is the position of the STAR Working Group under the auspices of the IRS Security Summit that:

- Rebranding where the software publisher makes all code changes to generate the rebranded software and ensures that the rebranded software meets the applicable requirements (Trusted Customer, Generation of Authentication Elements, Generation of LEADS reports, STAR Requirements, etc.) does not pose any additional risk to the tax ecosystem.
- Rebranding where the organization who rebrands the software has the capability to make cosmetic changes including but not limited to color or font but cannot make changes to the application requirements (listed above) does not pose additional risk to the ecosystem.

Rebranded Product Name	Contact Person	Phone	Email Address	Unique Identifier **
Rebranded Product Name	Contact Person	Phone	Email Address	Unique Identifier **
Rebranded Product Name	Contact Person	Phone	Email Address	Unique Identifier **
Rebranded Product Name	Contact Person	Phone	Email Address	Unique Identifier **
Rebranded Product Name	Contact Person	Phone	Email Address	Unique Identifier **

\*If there are more than 5 software products that have rebranded under a different name, please list them on a separate sheet and attach with your LOI submission. \*\*If available.

Rebranded Products are not required to complete the e-file ATS testing for Montana MeF approval.

### **Communication and Expectations**

#### **Documents and Materials**

The Department e-file documentation will be posted at the FTA State Exchange System (SES).

## **Requirements and Standards**

#### Montana MeF Program Requirements & Timeline

Software providers must complete acceptance or assurance testing with the Department in accordance with the applicable requirements for each type of return. Montana recommends scheduling your development and testing when the November ATS testing window opens. If any testing windows are scheduled after the filing season begins they are subject to the limited availability of Department resources.

- Draft schema, business rules, specifications and ATS testing scenarios will be published on the FTA State Exchange System.
- Final schema, business rules, specifications and ATS testing scenarios will be published on the FTA State Exchange System by November 1, 2019.
- Department will typically begin ATS testing with the opening of the IRS ATS testing window in early November.
  - Initial test submissions are typically returned within 5-7 business days of receipt.
  - Subsequent retest transmissions are typically tested within 5-7 business days.
  - Retests will be limited to 5 submissions.
- Initial test submissions must be received by January 15, 2020.
- All testing must be completed by February 14, 2020.

While every effort will be made to be flexible during the ATS testing window, the Department reserves the right to not approve the participation of a Provider if testing is inadequate, not completed in a timely manner, or continued testing exceeds the ability of the Department to test after the production filing window opens.

The Provider will not submit production returns before successfully completing all required testing and approval has been issued. Software products released for production must adhere to all return specifications, business rules and Montana publications. The Provider will not advertise Montana's acceptance of software until testing approval is provided. Montana will not accept returns prior to approval.

Once approval has been issued, the Provider must continue to adhere to all requirements and standards in this LOI. Failure to continuously adhere to these standards will result in termination of this agreement and removal of your organization as an approved Provider until your company is retested and reapproved. The Department will notify the Provider of any issues with the software and may request that Provider hold returns until the issue is resolved. The Provider is expected to deploy the software updates within 7 business days.

#### **Standards**

The Department may need to review a specific section of the software. The Provider shall provide the requested software upon request. The Department will review and provide final approval of the software.

Upon Provider approval for the 2019 Filing Season, the Provider will provide the Department with either a beta version (ex. CD) or temporary access to an online tax preparation program that allows the Department to confidentially review:

- User screens
- Interview questions
- Messaging
- The final submission screens
- The printing of substitute forms (as applicable to the product).

## **Specific Questions**

 What refund products or payment vehicles do you offer your customer? If you partner with an entity to provide 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. Refund payments must be deposited with a bank. The Department will not accept any payments using cryptocurrency or cybercurrency (such as Bitcoin, Litecoin, Ethereum, etc.)

2. The Department prefers receiving e-filed amended returns. If you have not developed the ability to send amended returns, please explain why you do not offer this service.

## **Data Breach Reporting**

All Providers executing this agreement are subject to Federal and State data breach security laws and/or regulations noted below, including but not limited to provisions regarding who must comply with the law, definitions of "personally identifiable information", what constitutes a breach, requirements for notice, and any exemptions.

Internal Revenue Code, 26 U.S.C §§ 6103, 7213, 7213A, 7431 Internal Revenue Service Publication No. 1075

Section 15-30-2618, Montana Code Annotated (MCA) Section 15-31-511, MCA

## **Provider Guarantees**

Provider guarantees:

- all e-file ATS tests submitted during the approval process are created in and originate from the actual software.
- all electronic returns received by the Department generated from this software will be electronically filed from the initially approved product version, or a subsequent product update.
- all paper returns received by the Department generated from this software will be printed from the initially approved product version, or a subsequent product update.
- the Department will be notified of any incorrect and/or missing calculation or e-file data element for any paper or electronically returns submitted to the Department.
- that failure of Provider to adhere continuously to standards and requirements of this LOI will result in Provider being removed as an approved software provider until the software is retested and reapproved.
- that users/customers of this software who attempt to e-file 10 or more business days after a production release will be required to download and apply the product update.

## **Signatures**

As a representative of the Provider, I agree to comply with all requirements listed above. Furthermore, by signing this agreement, the Provider is agreeing to all the requirements above. The Department reserves the right to revoke approval acceptance of any Provider and thereby refuse to accept any additional returns from such Provider that does not adhere to above stated requirements.

As an approved Department provider, I agree to provide true, accurate, current, and complete information about my company. I understand that if I provide any information that is untrue, inaccurate, obsolete, or incomplete, the Department has the right to deny, suspend, or terminate my account.

#### Provider:

(AUTHORIZED REPRESENTATIVE) PRINTED NAME	TITLE	EMAIL ADDRESS
(AUTHORIZED REPRESENTATIVE) SIGNATURE	DATE	PHONE NUMBER

#### Department:

NAME Gene Walborn	TITLE Director
SIGNATURE	DATE
NAME Daniel J. Whyte	TITLE Chief Legal Counsel
SIGNATURE	DATE

## CLEAR FORM

## SUBMIT FORM