



Withholding/Payroll Service Provider
Letter of Intent
2022

This form must be completed and submitted to DORe-Services@mt.gov by December 1, 2022.

Version 1 Released 10/1/2022

2022 Tax Software Provider Montana Department of Revenue Letter of Intent for Withholding/Payroll

Welcome to the Letter of Intent (LOI) for Withholding/Payroll. If your software company intends to submit withholding/ payroll informational returns electronically, please complete this form and submit it to DORe-services@mt.gov.

By submitting this LOI to the Montana 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 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	State Issued software ID (if applicable)
DBA Name	NACTP Vendor ID (if applicable)	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) or ETIN(s)	Production EFIN(s) or ETIN(s)
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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
Primary W2/1099 E-file Contact	Phone	Email Address
Secondary W2/1099 E-file Contact	Phone	Email Address

Substitute Forms Registration

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

All companies (primary and secondary) that reproduce State of Montana tax forms must complete the substitute form registration annually. Complete all information fields. Please review form testing and submission changes in the 2022 Substitute Forms and Payment Vouchers Specifications (available on the FTA State Exchange System). You must develop substitute Montana tax forms in accordance with the specifications issued by the Montana Department of Revenue.

Failure to follow the specifications may result in completed tax forms submitted by the public being rejected by the Montana Department of Revenue. Montana provides testing templates to help you verify data placement prior to submitting forms for testing. Testing form submissions will be rejected if the form data placement was not verified using the testing templates. If you require assistance, please email DORe-Services@mt.gov.

Please note the type of software provider you are:

Software Provider Type		Description	Form Supplier
Primary	<input type="checkbox"/>	Software provider creating their own substitute forms.	
Secondary	<input type="checkbox"/>	Software provider using another company's form in their software.	
Secondary	<input type="checkbox"/>	Software provider using Montana's official form in their software.	Montana Department of Revenue

MT Software Provider ID	Software Product Name(s)	
Primary Withholding Forms Contact	Phone	Email Address
Secondary Withholding Forms Contact	Phone	Email Address
Primary W2/1099 Forms Contact	Phone	Email Address
Secondary W2/1099 Forms Contact	Phone	Email Address
Note: If you have additional contacts, please list them by form/tax type on a separate sheet and attach it to this submission.		

If you do not have a Montana Software Provider ID from the previous tax year, leave that field blank. We will send a confirmation email to provide you with a Montana Software Provider ID.

Software Products and Tax Types Supported

Check all that apply:

Forms and Schedules	Substitute Forms	E-file
Montana Annual W-2 1099 Withhold Tax Reconciliation (Form MW-3)	<input type="checkbox"/>	<input type="checkbox"/>
Montana Withholding Tax Payment Voucher (Form MW-1)	<input type="checkbox"/>	

Filing Types and Methods

This section identifies the various ways returns can be filed with Montana Department of Revenue. Please select the method(s) your company will support:

Filing Form Types	Check Filing Methods Your Company Supports	For More Information
1099	<input type="checkbox"/> Secure FTP <input type="checkbox"/> Web service API <input type="checkbox"/> File upload process <input type="checkbox"/> Combined fed/state program	
W2	<input type="checkbox"/> Secure FTP <input type="checkbox"/> Web service API <input type="checkbox"/> File upload process <input type="checkbox"/> Combined fed/state program	
W2C	<input type="checkbox"/> Secure FTP <input type="checkbox"/> Web service API <input type="checkbox"/> File upload process <input type="checkbox"/> Combined fed/state program	

Filing Form Types	Check Filing Methods Your Company Supports	For More Information
Withholding Return	<input type="checkbox"/> Secure FTP <input type="checkbox"/> Web service API <input type="checkbox"/> File upload process <input type="checkbox"/> Combined fed/state program <input type="checkbox"/> ACH credit payment in lieu of return	
Reconciliation Return	<input type="checkbox"/> Secure FTP <input type="checkbox"/> Web service API <input type="checkbox"/> File upload process <input type="checkbox"/> Combined fed/state program	
Payment Return	<input type="checkbox"/> Secure FTP <input type="checkbox"/> Web service API <input type="checkbox"/> File upload process <input type="checkbox"/> Combined fed/state program <input type="checkbox"/> ACH credit payment in lieu of return	

E-file Mandates or Requirements

- Montana law (15-1-802, MCA) requires that payments of \$500,000 or more must be made electronically.

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 Montana Department of Revenue issue notification and issue resolution standards.

- Notify the agency if any forms and/or payments you support are not ready when your software is available for use. Submit this information via email to DORe-Services@mt.gov.
- 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 6103, 7213, 7213A, 7431
 - IRS Publication 1075
 - Section 15-30-2618, MCA
 - Section 15-31-511, MCA
- Data breaches, security incidents, or other improper disclosures of taxpayer data that, by law, are reported to the attorney general’s office at the Montana Department of Justice, must also be reported to the Montana 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. Please review the Montana Department of Revenue schema requirements on our State Exchange Server.

System Security Requirements

The Montana 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 whether the information is on-line, off-line, at rest, or in transit.

Testing and Submission

All E-file and substitute forms 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 data elements: FEIN, state tax ID (if applicable), name, and address.

Customer Communications

The Montana Department of Revenue requires software providers to communicate the following information to their 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 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 Montana Department of Revenue.

For Tax Professional Software:

By using a computer system and software to prepare and 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 Montana Department of Revenue.

For Business Software:

By using a computer system and software to prepare and 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 Montana Department of Revenue.

Agency 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 cyber currency (such as Bitcoin, Litecoin, Ethereum, etc.).

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.

I also acknowledge that the Montana 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. The Montana Department of Revenue does not limit the number of users allowed access to our SES folders, but we do require that all users be disclosed on the approved FTA user list. You are required to update us on any changes to your vendor personnel that would be working with us.

Please 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 each individual is 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 <input type="checkbox"/> Substitute Forms <input type="checkbox"/> E-file	Tax Types
First and Last Name	Phone Number	Email Address
	Authorized Access <input type="checkbox"/> Substitute Forms <input type="checkbox"/> E-file	Tax Types
First and Last Name	Phone Number	Email Address
	Authorized Access <input type="checkbox"/> Substitute Forms <input type="checkbox"/> E-file	Tax Types
First and Last Name	Phone Number	Email Address
	Authorized Access <input type="checkbox"/> Substitute Forms <input type="checkbox"/> E-file	Tax Types
First and Last Name	Phone Number	Email Address
	Authorized Access <input type="checkbox"/> Substitute Forms <input type="checkbox"/> E-file	Tax Types
First and Last Name	Phone Number	Email Address
	Authorized Access <input type="checkbox"/> Substitute Forms <input type="checkbox"/> E-file	Tax Types
First and Last Name	Phone Number	Email Address
	Authorized Access <input type="checkbox"/> Substitute Forms <input type="checkbox"/> E-file	Tax Types
First and Last Name	Phone Number	Email Address
	Authorized Access <input type="checkbox"/> Substitute Forms <input type="checkbox"/> E-file	Tax Types