

**Nebraska**

**Department of Revenue**

Letter of Intent

Tax Year 2019

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

By submitting this Letter of Intent (LOI) to the Nebraska Department of Revenue (DOR) 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 submitted to** Michael Behnke utilizing the [ShareFile link](https://nebraskastategov.sharefile.com/r-r99967982393423cb).

|  |  |  |
| --- | --- | --- |
| Name of Company      | Product Name      |  State Software ID       |
| DBA Name      | Product Address/URL      |
| Address      | 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.

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| --- | --- | --- | --- | --- | --- |
| 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.

## **Rebranded software products**

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| **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 \*      |
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| 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, DOR has the following requirements for e-file ATS approval

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

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

A Software License Number will be provided upon receipt of this completed form.

Upon successful completion of testing, an approval email will be sent to the testing contact.

Application for: (Check all that apply)

 [ ] Individual Income Tax [ ]  Corporation Income Tax [ ]  S Corporation Income Tax [ ]  Partnership Income Tax

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| **Type of Product**Please select one product type. |

 (1) [ ]  Professional/Paid (2) [ ]  Professional/Paid (3) [ ]  DIY/Consumer (4) [ ]  DIY/Consumer

 Preparer (Web-Based) Preparer (Desktop) (Web-Based) (Desktop)

Check the Box for Each Feature You Support:

 [ ]  Binary Attachments [ ]  Electronic Funds Withdrawal [ ]  EFW for Estimated [ ]  Linked [ ]  Unlinked

 (pdf) (EFW) for Final Payment Payments Submissions Submissions

|  |
| --- |
| **Check the Box for Each Form this Product will Support in XML** |

 **Individual Income Tax Forms**

 [ ]  1040N [ ]  1040N, Schedule III [ ]  1120-SN, Schedule K-1N [ ]  2441N [ ]  CDN

 [ ]  1040N, Schedule I [ ]  1041N, Schedule K-1N [ ]  1310N [ ]  3800N [ ]  NFC

 [ ]  1040N, Schedule II [ ]  1065N, Schedule K-1N [ ]  2210N [ ]  4797N [ ]  NOL

 [ ]  Form TANF

 **Corporation Income Tax Forms**

[ ]  1120N [ ]  1120N, Schedule II [ ]  Form TANF [ ]  3800N

 [ ]  1120N, Schedule A [ ]  1120N, Schedule III [ ]  2220N [ ]  Corporation NOL

[ ]  1120N, Schedule I [ ]  1120N, Schedule IV [ ]  CDN

 **S Corporation Income Tax Forms**

[ ]  1120-SN [ ]  1120-SN, Schedule I [ ]  1120-SN, Schedule III [ ]  CDN

 [ ]  1120-SN, Schedule A [ ]  1120-SN, Schedule II [ ]  1120-SN, Schedule K-1N [ ]  3800N

 **Partnership Income Tax Forms**

[ ]  1065N [ ]  1065N, Schedule I [ ]  1065N, Schedule K-1N [ ]  3800N

 [ ]  1065N, Schedule A [ ]  1065N, Schedule II [ ]  CDN

**Terms of Agreement**

By submitting this Letter of Intent for the Nebraska MeF Program, we agree to be bound by the following terms:

1. To develop software that complies with all specifications, requirements, and instructions issued by DOR;
2. To have our software tested and approved by DOR prior to use or sale;
3. To be approved as a federal software developer prior to sending any live transmissions to DOR; and
4. To display the following jurat to the taxpayer or tax preparer before the Nebraska return is submitted electronically: “E-filing is your electronic signature. By e-filing the return, the taxpayer and tax preparer, if applicable, are declaring under penalties of perjury that they have examined the electronic return and to the best of their knowledge and belief, it is true, correct, and complete.”

**We understand that failure to adhere to any of the above terms will result in the immediate revocation of this agreement.**

**Communication and Expectations**

## **Documents and materials**

DOR e-file documentation will be provided at the following locations:

* FTA State Exchange System (SES) for schemas
* Website for copies of forms and instructions [revenue.nebraska.gov](http://www.revenue.nebraska.gov/tax/current/current.html))

##

## **Refund expectations**

DOR is providing a URL and/or a statement about refund processing. Industry partners must use this statement and/or URL or other method prescribed by the jurisdiction in all products. The messages must be shown to end-users within the software in a way to maximize the likelihood the message is read.

**URL:** <http://www.revenue.nebraska.gov/refund/refunds.html>

**Statement:** Please advise taxpayers to check the Refund Information web page for the most up-to-date information.

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

DOR is providing the following expectations and information:

**For e-file returns:**

DOR wants to receive the DL/ID Card information with the tax return.

DOR is providing a URL and/or a statement 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 show to end-users within the software in a way to maximize the likelihood the message is read.

**URL:** <http://www.revenue.nebraska.gov/electron/ind_e-file.html>

**Statement:** This filing season, the Nebraska Department of Revenue, along with many other state revenue agencies, is requesting additional information for electronically filed individual income tax returns. This is an effort to combat stolen-identity tax fraud, and to protect you and your tax refund.

We ask that you provide the requested state driver’s license or state-issued ID card information when completing your tax return. Providing this information is voluntary. We will not reject your return if you do not provide the requested driver’s license or state-issued ID information. However, providing this information will help us process your tax return more quickly.

# **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 DOR 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 DOR generated from this software will be printed from the approved product version, or a subsequent product update.

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

[ ]  I acknowledge users/customers of desktop products who 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. DOR reserves the right to deny, suspend or terminate my company’s ability to submit returns.

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| --- | --- |
| 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      |