



_____ agrees to abide by the New Hampshire Department of Revenue Administration (NHDRA) requirements for substituting or reproducing TY2023 forms, as follows:
Company Name

Companies or individuals who develop substitute tax forms or products shall follow the NHDRA's established guidelines established in "General Instructions and Requirements for Reproducing New Hampshire Tax Forms – TY2023," including but not limited to, the following:

2D bar codes are mandated on all forms substituting or reproducing official forms that require 2D barcodes.

Companies or individuals shall be able to print a banner on all affected "returns/voucher" forms, where incorrect variable data has been entered in a format other than what was specified by the NHDRA. The banner must be in 18pt font, **bold**, and be printed on the return/voucher to alert the user that incorrectly formatted data has been entered. The NHDRA recommends using: **"INCOMPLETE DATA: DO NOT FILE."** This banner is to allow the NHDRA to readily identify these forms.

Do not sell, release, license, or distribute tax packages to customers or clients prior to receiving approval for each tax form included in the package. **Un-approved and/or non-submitted forms are not to be included in the release of any software package.**

Notify customers/clients of the computer hardware requirements, including printers, printer fonts, font cartridges, specialty fonts, etc., necessary to produce your company's scannable/substitute tax forms that were approved by the NHDRA.

Notify the NHDRA and your customers/clients immediately if computation errors or other variable data errors are found.

Promptly correct errors in the company's products and substitute tax forms. Provide the NHDRA with written proof(s) showing the company has corrected all the errors and has notified customers/clients of the corrections.

Authorize the NHDRA to include the name of your company in various public information materials designed to inform the public and practitioners about software developers who have agreed, complied or failed to comply with the specifications for reproducing tax forms.

Failure to meet these requirements may result in your company being removed as an approved software vendor. All returns submitted using your products will be rejected.

Signature

Title

Date

Please submit the completed Letter of Intent, to eFormsDevelopment@dra.nh.gov, **no later than November 17, 2023**. Your forms will not be tested until the Letter of Intent is received.



**TY2023 - LETTER OF INTENT
 TO PRODUCE SUBSTITUTE OR REPRODUCED FORMS**

COMPANY CONTACT INFORMATION

Information here must be completed for each contact handling NHDRA tax forms within the company. If a Company has multiple products that are developed independently of one another, please complete a separate "Letter of Intent" for each product. If multiple products within a Company are developed jointly (ex. same product with different logos), only one "Letter of Intent" is necessary.

<input type="text"/>			<input type="text"/>	
Company Name			NACTP Vendor ID	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address	City	State	Zip Code	
<input type="text"/>		<input type="text"/>		
Product Name(s)		Website Address		
<input type="text"/>		<input type="text"/>		
Primary Contact Name		E-Mail Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Telephone Number	Fax Number	Technical Support Telephone Number		
<input type="text"/>		<input type="text"/>		
Secondary Contact Name		E-Mail Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Telephone Number	Fax Number	Technical Support Telephone Number		

ADDITIONAL CONTACTS (OPTIONAL)

<input type="text"/>		<input type="text"/>		
Additional Contact Name		E-Mail Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Telephone Number	Fax Number	Technical Support Telephone Number		
<input type="text"/>		<input type="text"/>		
Additional Contact Name		E-Mail Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Telephone Number	Fax Number	Technical Support Telephone Number		



COMPANY INFORMATION

Your company:

- Develops substitute forms and/or software and sells to secondary companies.
- Develops substitute tax forms, using your own software program in order to submit your form(s) to the NHDRA.
- Purchases tax form software from another company in order to print the variable data on forms.
- Offers over-the-counter/off-the-shelf software.

Substitute forms must be submitted for approval testing by April 1 of the tax year

Please check the box next to the form(s) your company will be reproducing for the 2023 Tax Year:

- | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> ADDL INFO | <input type="checkbox"/> AFFL SCH | <input type="checkbox"/> BET | <input type="checkbox"/> BCW <small>BET Credit Worksheet</small> |
| <input type="checkbox"/> BT SUMMARY | <input type="checkbox"/> BT EXT | <input type="checkbox"/> BET 80 WE | <input type="checkbox"/> BET 80 |
| <input type="checkbox"/> DP 10 | <input type="checkbox"/> DP 10 ES | <input type="checkbox"/> DP 14 | <input type="checkbox"/> DP 9 |
| <input type="checkbox"/> DP 120P | <input type="checkbox"/> DP 121 | <input type="checkbox"/> DP 131A | <input type="checkbox"/> DP 120 |
| <input type="checkbox"/> DP 132 | <input type="checkbox"/> DP 132 WE | <input type="checkbox"/> DP 160 | <input type="checkbox"/> DP 2210/2220 |
| <input type="checkbox"/> DP 59A | <input type="checkbox"/> DP 80 | <input type="checkbox"/> NH 1040 | <input type="checkbox"/> NH 1040 ES |
| <input type="checkbox"/> NH 1041 | <input type="checkbox"/> NH 1041 ES | <input type="checkbox"/> NH 1065 | <input type="checkbox"/> NH 1065 ES |
| <input type="checkbox"/> NH 1120 | <input type="checkbox"/> NH 1120 ES | <input type="checkbox"/> NH 1120 WE | <input type="checkbox"/> NH PYT |
| <input type="checkbox"/> SCHEDULE II | <input type="checkbox"/> SCHEDULE III | <input type="checkbox"/> SCHEDULE IV | <input type="checkbox"/> Other |

Additional 2D forms:

- | | | | |
|------------------------------------|------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> CD 3 | <input type="checkbox"/> DP 133 | <input type="checkbox"/> DP 139 | <input type="checkbox"/> DP 153 |
| <input type="checkbox"/> DP 31 | <input type="checkbox"/> DP 134 | <input type="checkbox"/> DP 143 | <input type="checkbox"/> DP 156 |
| <input type="checkbox"/> DP 110 ES | <input type="checkbox"/> DP 135 | <input type="checkbox"/> DP 144 | <input type="checkbox"/> DP 255 ES |
| <input type="checkbox"/> DP 111 ES | <input type="checkbox"/> DP 135 ES | <input type="checkbox"/> DP 151 | <input type="checkbox"/> DP 2848 |



AUTHORIZED ACCESS TO THE STATE EXCHANGE SYSTEM

Access to the State Exchange System should be limited to those with a business need. You are allowed up to 10 users.

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

First and Last Name	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

First and Last Name	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

First and Last Name	Phone Number	Email Address
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First and Last Name	Phone Number	Email Address
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