South Carolina

Letter of Intent

Tax Year 2019

Keith J Wicker

January 1, 2020

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

By submitting this Letter of Intent (LOI) to the South Carolina 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 submitted to Keith J Wicker** [**Keith.Wicker@dor.sc.gov**](mailto:Keith.Wicker@dor.sc.gov) **no later than January 1, 2020.**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 South Carolina Department of Revenue has the following requirements for e-file ATS approval:

* Rebranded Products are required to complete an abbreviated e-file ATS approval process

## **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 (check all that apply)**

Use the section to list forms and schedules your company will be supporting. This LOI is primarily for e-file. Please indicate whether or not the form is supported for e-file returns*.*

I–319 Tuition Tax Credit

I–385 Motor Fuel Income Tax Credit

I–335 Active Trade or Business Income

I–360 Classroom Teacher Expenses

SC1040TC South Carolina Tax Credit

SC4972- Lump sum Distribution

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**Communication and Expectations**

## **Documents and materials**

South Carolina Department of Revenue e-file documentation will be provided at the following locations:

* FTA State Exchange System (SES) for schemas
* SCDOR Forms Developer website for copies of forms and instructions

## **Refund expectations**

South Carolina Department of Revenue 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:**

**Statement:** SCDOR is not prepared to provide details for 2020 at this time. We will be providing additional information in the next 30 to 45 days.

## **Taxes due expectations**

South Carolina Department of Revenue is providing a URL and/or a statement about taxes due, such as due dates and payment methods. 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:**

**Statement:** SCDOR is not prepared to provide details for 2020 at this time. We will be providing additional information in the next 30 to 45 days.

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

South Carolina Department of Revenue is providing the following expectations and information:

**For e-file returns:**

SC DOR does not want to receive the DL/ID Card information with the tax return

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

SC DOR requires the DL/ID Card information be included with the tax return but will not reject the e-file return

SC DOR will reject e-file returns if the DL/ID Card information is not included with the tax return

**Return e-filed, but copies printed for record purposes containing DL/ID Card information:**

South Carolina Department of Revenue requests the full DL/ID Card information on the form(s)

South Carolina Department of Revenue requests the DL/ID Card information on the form(s) be masked

South Carolina Department of Revenue 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 shown to end-users within the software in a way to maximize the likelihood the message is read.

**URL:**

**Statement:** SCDOR is not prepared to provide details for 2020 at this time. We will be providing additional information in the next 30 to 45 days.

The South Carolina Department of Revenue will be providing a supplemental document to the LOI for developers. This document will provide more detailed information for developers to incorporate into their South Carolina products for users. In addition to refund status information, we will be providing URLs, messaging, and logos for other items of interest by your users. These items include how to:

* Submit returns/payments using our taxpayer portal (MyDORWAY)
* Receive 1099 documents from SCDOR electronically

# **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**

Transferring data year-over-year that is not initially entered accurately causes issues with processing tax returns. There is also increased concern for account “take overs” at both the professional and online software level and the potential fraudulent use of information. However, we have heard concerns from preparers regarding the “rekeying” of this information. As a middle ground, the South Carolina Department of Revenue will allow year-over-year transfer of data if the software developer “masks” the data items.

The following items should not be transferred year over year, unless the developer “masks” the data item:

* State driver’s license data elements
* State withholding account numbers
* Bank Account Number for Direct Deposit refunds or Balance Due EFW payments

## 

## **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.
3. Jurisdiction wants to receive Taxes Paid to Other States (TPOS) data when applicable and will provide a cross walk for the software provider when schemas are released.   
     
   Will your company support the TPOS schema for this filing season?

# 

# **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 South Carolina 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 South Carolina Department of Revenue generated from this software will be printed from the approved product version, or a subsequent product update.

I acknowledge the South Carolina 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 South Carolina Department of Revenue.

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. The South Carolina 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 |