Rhode Island

Division of Taxation

Income Tax Letter of Intent

Tax Year 2023

This form should be completed and submitted to Tax.VendorForms@tax.ri.gov by October 15, 2023

# **2023 Tax Software Provider RI Division of Taxation Letter of Intent**

Welcome to the Income Tax Letter of Intent (LOI). If your software company intends to submit electronic and/or paper returns to the RI Division of Taxation, you will need to complete this form and submit it to Tax.VendorForms@tax.ri.gov .

By submitting this Letter of Intent (LOI) to the RI Division of Taxation, 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 for each unique product your company offers.

**Note:** If you are a new Software Provider who has not filed city/state income tax returns with any city or state agencies, you must have passed assurance testing with the IRS. Attach documentation from the IRS demonstrating you have successfully tested with the IRS.

The RI Division of Taxation reserves the right to hold off on approving a software vendor new to the state even if successful testing with the IRS can be demonstrated.

**Important dates**

The RI Division of Taxation has important key dates to ensure we are ready for the filing season and taxpayers can file an accurate and timely tax return. Please note the following key dates:

* Complete and submit this LOI by October 15, 2023.
* Substitute forms approval must be completed by December 31, 2023.
* Assurance testing (ATS) begins on TBD. Vendors will be notified of the date in the future.
* Last day we will accept initial e-file and paper tests is December 15, 2023.
* E-file and paper tests must be completed and approved by December 31, 2023.
* List other key dates the agency may have. N/A

**Amended Letter of Intent**

[ ]  Check this box if this is an amended Letter of Intent and describe the reason for the amendment below.

Reason for amendment:

**Company information**
List your company information.

|  |  |  |
| --- | --- | --- |
| Name of company      | Product name      | City/State issued software ID (if applicable)      |
| DBA name      | NACTP vendor ID      | City/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.

|  |  |
| --- | --- |
| Test EFIN(s)      | Test ETIN(s)      |
| Production EFIN(s)      | Production ETIN(s)      |

**Contact information**
List the contact information for each area identified.

|  |  |  |
| --- | --- | --- |
| 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 fiduciary (Estate/Trust) MeF contact      | Phone      | Email address      |
| Secondary fiduciary (Estate/Trust) MeF contact      | Phone      | Email address      |
| Primary leads reporting contact      | Phone      | Email address      |
| Secondary leads reporting contact      | Phone      | Email address      |

## **Substitute forms registration**

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

|  |
| --- |
| Agency substitute forms software 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      |
| **Note:** 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. |

**Software products and tax types supported**

Check all that apply.

|  |
| --- |
| **Type of software product supported** |
| DIY/consumer (Web-Based) | [ ]  |
| DIY/consumer (Desktop) | [ ]  |
| Professional/paid preparer (Web-Based) | [ ]  |
| Professional/paid preparer (Desktop) | [ ]  |

|  |
| --- |
| **Tax types supported**  |
| Individual income tax – RI-1040 Resident | [ ]  Substitute forms [ ]  e-file  |
| Individual income tax – RI-1040NR Nonresident | [ ]  Substitute forms [ ]  e-file |
| Fiduciary tax – RI-1041 | [ ]  Substitute forms [ ]  e-file |
| Partnership tax – RI-1065 | [ ]  Substitute forms [ ]  e-file |
| Corporation – RI-1120C | [ ]  Substitute forms [ ]  e-file |
| S-Corporation return - RI-1120S | [ ]  Substitute forms [ ]  e-file |
| Estate tax – RI-706 | [ ]  Substitute forms  |
| Other Business tax returns  | [ ]  Substitute forms  |
| RI-PTE | [ ]  Substitute forms  |
| Sales tax | [ ]  Substitute forms  |
| Withholding tax | [ ]  Substitute forms  |

 **Rebranded software products**Complete this section only if your product is rebranded.

For software to be considered rebranded, changes cannot be made to the software requirements and output(s). As the Software company selling and/or licensing your product to a third-party, it is your responsibility to make sure the rebranded product reflects the current software requirements and output(s). List each of your rebranded products below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rebranded product name      | ETIN (if applicable)      | Contact person      | Phone      | Email address      |
| Rebranded product name      | ETIN (if applicable)      | Contact person      | Phone      | Email address      |
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Attach additional sheets if needed.

For Rebranded Products, the RI Division of Taxation has the following requirements for substitute forms and/or e-file ATS approval.

For PAPER FORMS - Rebranded Products are required to complete the full paper form and testing approval process

For E-FILE - Rebranded Products are required to complete an abbreviated e-file ATS approval process.

Complete one test for each form type to confirm software ID is correct. Additional tests must be provided upon request.

## **E-file mandates or requirements**

Beginning on January 1, 2023, any larger business registrant is required to file returns and remit taxes to the State of Rhode Island electronically.

Vendors will be required to notify users of their product that the RI Division of Taxation has an electronic filing and paying mandate, what the requirements are, and that if they are subject to the mandate and do not comply, they may be subject to a penalty.

Language will be provided in the 2023 Specification Guide.

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

Check the boxes of the forms and schedules your company supports. Input the list of your available forms and schedules a company can support for your agency. Indicate if the form or schedule is new.

|  |  |  |
| --- | --- | --- |
| **Forms and schedules**  | **Substitute forms** | **e-file** |
| Individual income tax – 2D versions must be supported |
| RI-1040 [Sch W, Sch E, IND-HEALTH and Penalty worksheet are required] | [ ]  | [ ]  |
| RI-1040MU | [ ]  | [ ]  |
| RI-1040H | [ ]  | [ ]  |
| RI-6238 | [ ]  | [ ]  |
| RI-1040NR [Sch W, Sch E, IND-HEALTH and Penalty worksheet are required] | [ ]  | [ ]  |
| RI-1040NR | [ ]  | [ ]  |
| RI-1040NR-MU | [ ]  | [ ]  |
| Schedule II | [ ]  | [ ]  |
| Schedule III | [ ]  | [ ]  |
| Schedule CR | [ ]  | [ ]  |
| Schedule M | [ ]  | [ ]  |
| Schedule U | [ ]  | [ ]  |
| RI-2210 | [ ]  | [ ]  |
| RI-2210A | [ ]  | [ ]  |
| RI-4868 - *NEW – extensions with or without payment can be filed MeF* | [ ]  | [ ]  |
| RI-1040V | [ ]  | [ ]  |
| RI-1040ES | [ ]  | [ ]  |
| Amended Supplement | [ ]  | [ ]  |
| RI-1310 | [ ]  | [ ]  |
| RI-4506 | [ ]  | [ ]  |
| **Fiduciary tax** Substitute Forms e-file |
| RI-1041 | [ ]  | [ ]  |
| RI-1041MU | [ ]  | [ ]  |
| Schedule CR – 1041 | [ ]  | [ ]  |
| Schedule M – 1041 | [ ]  | [ ]  |
| Schedule PTW – 1041 - ***NEW*** | [ ]  | [ ]  |
| Schedule W – 1041 | [ ]  | [ ]  |
| RI-8736 - *NEW – extensions with or without payment can be filed MeF* | [ ]  | [ ]  |
| RI-1041V | [ ]  | [ ]  |
| RI-1041ES | [ ]  | [ ]  |
| RI-2210 | [ ]  | [ ]  |
| RI-2210A | [ ]  | [ ]  |
| K-1 - ***New*** | [ ]  | [ ]  |
| **Partnership tax – 2D version must be supported** Substitute Forms e-file |
| RI-1065 | [ ]  | [ ]  |
| Schedule CR-PT | [ ]  | [ ]  |
| Schedule PTW - ***New*** | [ ]  | [ ]  |
| See Shared Section for Remaining Forms/Schedules in Series |
| **Corporate franchise tax – 2D version must be supported Substitute Forms e-file** |
| RI-1120C [Schedule CGM required] | [ ]  | [ ]  |
| RI-1120F | [ ]  | [ ]  |
| Schedule B-CR | [ ]  | [ ]  |
| See Shared Section for Remaining Forms/Schedules in Series |
| **S-Corporation tax – 2D version must be supported Substitute Forms e-file** |
| RI-1120S | [ ]  | [ ]  |
| Q-Sub Schedule | [ ]  | [ ]  |
| Schedule S | [ ]  | [ ]  |
| Schedule CR-PT | [ ]  | [ ]  |
| Schedule PTW - ***New*** | [ ]  | [ ]  |
| See Shared Section for Remaining Forms/Schedules in Series |
| **Corporate Common/shared forms supported** Substitute Forms e-file |
| K-1 | [ ]  | [ ]  |
| RI-2220 | [ ]  | [ ]  |
| BUS-EST | [ ]  | N/A |
| BUS-EXT – *NEW – extensions with or without payment can be filed MeF* | [ ]  | [ ]  |
| BUS-V | [ ]  | N/A |
|  |  |  |
|  |  |  |
|  |  |  |
| **Insurance premium tax \* Taxpayers may be subject to Rhode Island’s electronic file and pay mandate** |
| T-71 – Insurance Premium | [ ]  | N/A |
| T-71A – Surplus Lines | [ ]  | N/A |
| T-72 – Public Service | [ ]  | N/A |
| T-74 – Bank Excise | [ ]  | N/A |
| T-86 – Bank Deposits | [ ]  | N/A |
| Schedule B-CR | [ ]  | N/A |
| **Pass-Through entity election \* Taxpayers may be subject to Rhode Island’s electronic file and pay mandate** |
| RI-PTE | [ ]  | N/A |
| 1099E | [ ]  | N/A |
| Sales tax **\* Taxpayers may be subject to Rhode Island’s electronic file and pay mandate** |
| STR | [ ]  | N/A |
| Withholding tax **\* Taxpayers may be subject to Rhode Island’s electronic file and pay mandate** |
| WTM | [ ]  | N/A |
| RI-941 | [ ]  | N/A |
| W-3 | [ ]  | N/A |

**Electronic amended returns**

For personal income tax and fiduciary income tax, the RI Division of Taxation requests that you support electronic amended returns for those available through MeF.

For corporate income tax, the RI Division of Taxation requires that you support electronic amended returns for those available through MeF.

Amended returns can be filed for the current tax year and the two years prior to the current year.

**Electronic extensions - *NEW***

The RI Division of Taxation now allows for the filing of extensions, with or without a payment, for all tax types supported through MeF.

Will your software package be supporting this new feature: Yes

|  |  |
| --- | --- |
| Personal income tax [RI-1040 and RI-1040NR] | [ ]  |
| Corporate income tax [RI-1120C, RI-1120S and RI-1065] | [ ]  |
| Fiduciary income tax [RI-1041] | [ ]  |

**Software limitations**

List any software limitations to forms or schedules you support. If there are additional limitations after completing the LOI, please provide it before you submit ATS testing.

Are there any differences in the forms you support based on the type of software? If yes, please explain those differences.

**Agency requirements**
This section identifies agency requirements and expectations of new and existing Software Providers and the software product. If you have different requirements for different tax types, identify the tax type(s) the requirement applies to.

# List your other requirements and standards for the Software Provider here. Refer to the City/State LOI guide for suggestions.

# **Issue notification and resolution requirements**

This section represents the RI Division of Taxation issue notification and issue resolution standards.

Notify the agency if any forms and/or payments you support are not ready after agency approval. Submit this information via email to Tax.VendorForms@tax.ri.gov and include the date the electronic or paper product will be ready to submit.

**Website Posting**

The RI Division of Taxation will be posting the vendor’s name, product name and forms intended to be supported along with the status of those forms. This information may include, but not be limited to, Date Submitted, Approved, Rejected, Pending Resubmission.

# **System security requirements**

# The RI Division of Taxation 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 when it is on-line, off-line, at rest, and in transit.

# In addition, no taxpayer information is to be provided to a third-party without the express written consent and authorization of the taxpayer for any use/disclosure of taxpayer information.

# **Security incident requirements**

Unless otherwise prohibited by law, all data breaches, security incidents, or other improper disclosures of taxpayer data must be promptly reported to the [Rhode Island Office of the Attorney General](https://riag.ri.gov/) and the Rhode Island Division of Taxation via email to Tax.VendorForms@tax.ri.gov . See R.I. Gen. Laws § 11-49.3-4. Notification of breach for complete reporting and notification requirements.

# **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 updates**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.

If an issue is discovered with your product after it is released, the issue must be resolved immediately and released to users within seven (7) days of notification of the issue.

# **Schemas**

# Your software must follow the schema requirements. Find RI Division of Taxation schema requirements on the FTA State Exchange System (SES).

# **Testing and submissions**All e-file ATS 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 pre-populated data elements:

Prior to completing the tax return the taxpayer and/or tax professional must validate:

* Banking information

**Customer Notices**This section identifies information RI Division of Taxation is requiring the software providers to communicate with customers.

# **Disclosure and use of information language expectations**

You must include the following consent language with electronic filing software.

**For Do-It-Yourself software:** *By using a computer system and software to prepare and/or 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 RI Division of Taxation.*

**For Tax Professional software:**

*By using a computer system and software to prepare and/or 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* RI Division of Taxation***.***

**For Business software:**

*By using a computer system and software to prepare and/or 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* RI Division of Taxation.

**Driver’s license/ID card expectations for individual income tax**

RI Division of Taxation is providing the following expectations and information:

**For e-file returns:**

RI Division of Taxation requires the DL/ID card be included with the return but won’t reject the return if it’s not included.

 **For printed/paper forms requesting the DL/ID Card information:**

 RI Division of Taxation requests the full DL/ID card information on the form(s)

RI Division of Taxation 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 message is expected to be displayed within the software in a way to maximize the likelihood the message is read.

**URL:**

**Statement: N/A**

## **Refund expectations**

RI Division of Taxation is providing the following for refund processing. All Do It Yourself (DIY) and Tax Professional software packages must include this information in your software. The message is expected to be displayed within the software in a way to maximize the likelihood the message is read.

URL: Where’s My Refund? <https://tax.ri.gov/online-services/wheres-my-refund>

## **Taxes due expectations**

RI Division of Taxation is providing the following about taxes due, such as due dates and payment methods. All Do It Yourself (DIY) and Tax Professional software packages must include this information in your software. The message is expected to be displayed within the software in a way to maximize the likelihood the message is read.

**The RI Division of Taxation can accept payments electronically, so we recommend software vendors set up the functionality in their software packages.**

**Visit the RI Division of Taxation’s website for more information on making a payment online.**

URL: Make a Payment Online <https://tax.ri.gov/online-services/make-payment-online>

# **A****gency questions**

1) Do you support unlinked jurisdictional returns?

2) 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.

3) Will your company support the TPOS schema for this filing season?

# **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.

The RI Division of Taxation 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. Access to the State Exchange System is needed only for those tax types supported by e-file.

## 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 individuals are 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[ ]  E-file | Tax types [ ]  Personal [ ]  Corporate [ ]  Fiduciary |
| First and last name      | Phone number       | Email address       |
| Authorized access[ ]  E-file | Tax types [ ]  Personal [ ]  Corporate [ ]  Fiduciary |
| First and last name      | Phone number       | Email address       |
| Authorized access[ ]  E-file | Tax types [ ]  Personal [ ]  Corporate [ ]  Fiduciary |
| First and last name      | Phone number       | Email address       |
| Authorized access[ ]  E-file | Tax types [ ]  Personal [ ]  Corporate [ ]  Fiduciary |
| First and last name      | Phone number       | Email address       |
| Authorized access[ ]  E-file | Tax types [ ]  Personal [ ]  Corporate [ ]  Fiduciary |
| First and last name      | Phone number       | Email address       |
| Authorized access[ ]  E-file | Tax types [ ]  Personal [ ]  Corporate [ ]  Fiduciary |
| First and last name      | Phone number       | Email address       |
| Authorized access[ ]  E-file | Tax types [ ]  Personal [ ]  Corporate [ ]  Fiduciary |
| First and last name      | Phone number       | Email address       |
| Authorized access[ ]  E-file | Tax types [ ]  Personal [ ]  Corporate [ ]  Fiduciary |