



New York City Department of Finance

Letter of Intent

Tax Year 2019

This application is intended for software developers.
It contains instructions for submitting returns to the New York City Department of Finance (DOF) via the IRS Modernized E-File gateway.

9/1/2019

2019 Tax Software Provider New York City Department of Finance

Letter of Intent

This application form sets forth the New York City Department of Finance-specific questions, requirements, and standards for tax software providers. This application incorporates all the terms, requirements, and standards set forth in the “2019 National Standards and Requirements” (NSR) maintained by the Federation of Tax Administrators. Agreement and adherence to the NSR is required as a prerequisite to approval of this application.

All software providers that anticipate producing New York City tax preparation software must complete this form to participate in our Business Tax E-File (BTeFile) Program. Please submit your completed form to BTeFile@finance.nyc.gov.

Failure to meet any of the standards or requirements set forth in the NSR or in this state-specific agreement may result in the denial of your application or the removal of your organization from the ranks of approved software providers. If your application is denied or the approval is withdrawn, all electronic or paper returns submitted using your products will be rejected. The department’s decision is final and there are no appeal rights. Reinstatement is at the sole discretion of the department.

Note: Please complete a registration form for each unique product your company offers. Your product will not be certified until all the component requirements in this registration are met.

Name of Company	Product Name	State Software ID
DBA Name	Product Website Address/URL	Company FEIN
Address		
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)

*If you have additional contacts for Business Tax Types, please list each of them on a separate sheet and attach with your registration submission.

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 <input type="checkbox"/> Forms <input type="checkbox"/> E-file	Tax types
Company name	First and last name	Email address	Phone number	Authorized access <input type="checkbox"/> Forms <input type="checkbox"/> E-file	Tax types
Company name	First and last name	Email address	Phone number	Authorized access <input type="checkbox"/> Forms <input type="checkbox"/> E-file	Tax types
Company name	First and last name	Email address	Phone number	Authorized access <input type="checkbox"/> Forms <input type="checkbox"/> 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

Forms and Schedules Supported (check all that apply)

Nonresident Employee of the City of New York

- ☐ NYC 1127

Individual Income

- | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> NYC 202S | <input type="checkbox"/> NYC 399 | <input type="checkbox"/> NYC 114.6 | <input type="checkbox"/> NYC 114.12 |
| <input type="checkbox"/> NYC 202 | <input type="checkbox"/> NYC 399Z | <input type="checkbox"/> NYC 114.8 | <input type="checkbox"/> NYC NOLDUBTI |
| <input type="checkbox"/> NYC 221 | <input type="checkbox"/> NYC 114.5 | <input type="checkbox"/> NYC 114.10 | <input type="checkbox"/> NYC EXT |

Estate Trust Income

- | | | | |
|-------------------------------------|---------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> NYC 202EIN | <input type="checkbox"/> NYC 399Z | <input type="checkbox"/> NYC 114.6 | <input type="checkbox"/> NYC 114.10 |
| <input type="checkbox"/> NYC 221 | <input type="checkbox"/> NYC 114.5 | <input type="checkbox"/> NYC 114.8 | <input type="checkbox"/> NYC 114.12 |
| <input type="checkbox"/> NYC 399 | <input type="checkbox"/> NYC NOLDUBTI | <input type="checkbox"/> NYC EXT | |

Partnership Income

- | | | | |
|------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> NYC 204EZ | <input type="checkbox"/> NYC 399 | <input type="checkbox"/> NYC 114.6 | <input type="checkbox"/> NYC 114.12 |
| <input type="checkbox"/> NYC 204 | <input type="checkbox"/> NYC 399Z | <input type="checkbox"/> NYC 114.8 | <input type="checkbox"/> NYC NOLDUBTP |
| <input type="checkbox"/> NYC 221 | <input type="checkbox"/> NYC 114.5 | <input type="checkbox"/> NYC 114.10 | <input type="checkbox"/> NYC EXT |

Business Income

- | | | | |
|-----------------------------------|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> NYC 4SEZ | <input type="checkbox"/> NYC2.1 | <input type="checkbox"/> NYC222 | <input type="checkbox"/> NYC9.7C |
| <input type="checkbox"/> NYC 4S | <input type="checkbox"/> NYC2.2 | <input type="checkbox"/> NYC399 | <input type="checkbox"/> NYC9.8 |
| <input type="checkbox"/> NYC 3L | <input type="checkbox"/> NYC2.3 | <input type="checkbox"/> NYC399Z | <input type="checkbox"/> NYC9.10 |
| <input type="checkbox"/> NYC 3A | <input type="checkbox"/> NYC2.4 | <input type="checkbox"/> NYCATTSCORP | <input type="checkbox"/> NYC9.12 |
| <input type="checkbox"/> NYC2S | <input type="checkbox"/> NYC2.5 | <input type="checkbox"/> NYCNOLDGCT | <input type="checkbox"/> NYC EXT |
| <input type="checkbox"/> NYC2 | <input type="checkbox"/> NYC2.5A | <input type="checkbox"/> NYC9.5 | <input type="checkbox"/> NYC EXT.1 |
| <input type="checkbox"/> NYC2A | <input type="checkbox"/> NYC2.5AB/C | <input type="checkbox"/> NYC9.6 | |
| <input type="checkbox"/> NYC245 | <input type="checkbox"/> NYC2ABC | <input type="checkbox"/> NYC9.7 | |

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, changes cannot 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 New York City Department of Finance has the following requirements for e-file ATS approval

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

Communication and Expectations

Documents and materials

New York City Department of Finance e-file form documentation will be provided at the following locations:

- FTA State Exchange System (SES) for schemas
- SES and NYC Department website for copies of forms and instructions

Questions, Requirements, Standards and Recommendations

Requirements

Software companies submitting this application agree to:

1. Comply with all publications and requirements of the City and State of New York and require compliance by its employees.
2. Thoroughly test using New York City provided test cases, both distributed and on-line versions of company software.
3. NOT release draft tax forms to the public (includes release of draft forms on a company Web site).
4. Fully cooperate with New York City, after notification, to promptly correct software program errors after completing e-file and forms testing and to substantiate to New York City that the errors were corrected, software was updated and customers were notified.
5. Accept New York City's decision as to whether a developer may continue to use the software program during the filing season.
6. Notify New York City of any critical software problems identified by the developer after releasing products to customers.
7. Notify customers or clients of e-file mandates, if applicable.
8. Communicate with New York City all software limitations – and receive approval of those limitations – before testing.

Security Incident Reporting

As outlined in the NYC Department of Finance (DOF) Security Incident Response Policy, all known or suspected security incidents impacting Department of Finance data must be reported in a timely fashion.

1.1 Primary Notification

All computer security incidents involving security breaches or cyber-attacks need to be immediately reported to the DOF Finance Information Technology Cyber Security Unit via email.

Email: DOFSOC@finance.nyc.gov

1.2 Regulatory Compliance Notifications

1.2.1 Federal Tax Information (FTI) Data

The Internal Revenue Service (IRS) requires agencies receiving FTI data to notify them if there are any Incidents of Unauthorized Inspection or Disclosure of Federal Tax Information. Any unauthorized access, inspection, use, or disposal of FTI and/or breach in the confidentiality of FTI is called an “incident” and must be reported to the DOF Disclosure Officer and DOF Privacy Officer via email.

Email: DOFDisclosureOfficer@finance.nyc.gov

Email: DOFPrivacyOfficer@finance.nyc.gov

1.2.2 Social Security Administration (SSA) Data

The Social Security Administration (SSA) requires agencies receiving SSA data to notify them if there are any Incidents of Unauthorized Inspection or Disclosure of SSA data. Any unauthorized access, inspection, use or disposal of SSA and/or breach in the confidentiality of SSA, is called an “incident” and must be reported to the DOF Disclosure Officer and DOF Privacy Officer via email.

Email: DOFDisclosureOfficer@finance.nyc.gov

Email: DOFPrivacyOfficer@finance.nyc.gov

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 New York City Department of Finance 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 New York City Department of Finance generated from this software will be printed from the approved product version, or a subsequent product update.
- ☐ I acknowledge New York City Department of Finance will be notified of any incorrect and/or missing calculation or e-file data element for any paper or electronic returns submitted to New York City Department of Finance
- ☐ 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 follow all DOF security incident reporting requirements.

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 New York City Department of Finance 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
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