
KENTUCKY DEPARTMENT OF REVENUE

VENDOR GATEWAY LETTER OF INTENT



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VENDOR GATEWAY REGISTRATION FORM

Complete the following form to request approval from the Kentucky Department of Revenue to submit the electronic equivalents of Kentucky tax forms. By completing this form you, on behalf of the registrant, organization, agree to comply with all of the standards and requirements identified in this registration form. If your submitted form is not complete, we will deny your request.

Note: Should the information provided change, a new Registration Form must be submitted. Testing information and Gateway credentials will only be provided to the most current contacts on file.

Company Information

Company Name Organization	State Account Number(s) Account Numbers
Street Address Address	FEIN FEIN
City, State & Zip Code City, State & Zip	Website Address / URL Website

Payment Type (check all that apply):

ACH DEBIT ACH CREDIT

Contact Information

Primary Business Contact Name Name	Title Title
Phone Number Phone Number	Email Address Email
Secondary Business Contact Name Name	Title Title
Phone Number Phone Number	Email Address Email
Primary Technical Contact Name Name	Title Title
Phone Number Phone Number	Email Address Email
Secondary Technical Contact Name Name	Title Title
Phone Number Phone Number	Email Address Email
Primary Leads Reporting Contact Name Name	Title Title

Phone Number

Phone Number

Email Address

Email

Secondary Leads Reporting Contact Name

Name

Title

Title

Phone Number

Phone Number

Email Address

Email

Limitations & Other Information

Click or tap here to enter text.

SPECIFICATIONS AND COMMUNICATION**DOCUMENTATION & NOTIFICATIONS**

The Kentucky Department of Revenue Vendor Gateway registration documentation will be posted/provided at the Kentucky Department of Revenue's [Software Developer webpage](#). Additionally, registration and bulk filing guides, and lists of supported tax types, will be provided here.

Certain documents, including the Internal Communications Document, specific edits and / or error codes, and schemas, will be provided to vendors after all steps of the registration process have been completed.

QUESTIONS FOR REGISTRANTS

1. What forms does your agency intend to submit via XML to the Kentucky Department of Revenue?
Answer
2. About how many clients will your agency file on behalf of for each tax type?
Answer
3. About how many clients will participate in the initial XML submission?
Answer
4. Does your agency intend to submit XML return data on behalf of all clients, or only a specific subset? Can you qualify the applicable subset for each tax type?
Answer

SAFEGUARDING & FRAUD REPORTING REQUIREMENTS

You, or an authorized representative indicated on the Registration Form, must complete the following sections regarding the safeguarding of confidential information, and obligations regarding the reporting requirements of fraudulent tax information. In reference to the sections below, you are signing on behalf of *organization*, the registrant.

ACKNOWLEDGEMENT OF FEDERAL SAFEGUARDING REQUIREMENTS

I understand and agree to the following:

The registrant has taken measures to understand what confidential taxpayer information is, and to safeguard that confidential taxpayer information through compliance with, and adherence to, the Gramm-Leach-Bliley Act (15 USC §§ 6801-6827). Violation of the Act may terminate access to the Gateway.

During the performance of normal job tasks, individuals working on behalf of the registrant, its subsidiaries or any person or entity with access to its records may have access to confidential taxpayer information on a need-to-know basis. Those individuals are trained in, and understand, the importance of safeguarding confidential taxpayer information.

The registrant fully understands and upholds its obligation to safeguard confidential taxpayer information.

OBLIGATION TO REPORT TAX FRAUD

As is the case with IRS e-file, the registrant must cooperate with the Kentucky Department of Revenue to safeguard the Gateway from fraud and abuse.

Suspected tax fraud shall be reported to the Kentucky Department of Revenue at <https://revenue.ky.gov/Special-Investigations/Pages/Report-Tax-Fraud.aspx>. The registrant must agree to reasonably cooperate with the Kentucky Department of Revenue if fraud or abuse is identified and investigated.

DATA BREACH REPORTING

All registrants executing this agreement are subject to the following data breach security laws and/or regulations of the Kentucky Department of Revenue:

[KRS 365.732](#): Notification to affected persons of computer security breach involving their unencrypted personally identifiable information.

KENTUCKY DEPARTMENT OF REVENUE COMPLIANCE AGREEMENTS

You, or an authorized representative indicated on the Registration Form, must complete the following Compliance Agreements regarding use of the Gateway, and all Gateway related documents and information. In reference to the sections below, you are signing on behalf of *organization*, the registrant.

REGARDING THE TRANSMISSION OF XML SUBMISSIONS

I understand and agree to the following:

1. The registrant shall comply with the development and submission requirements set forth in the applicable Kentucky Department of Revenue (KYDOR) Tax Return Schema (Schema), in test case documents and this Agreement.
2. The registrant shall only submit XML test and production files for supported tax types as outlined by KYDOR.
3. The registrant, upon receipt of all documents pertaining to the Schema and test cases, shall submit XML test submissions to KYDOR for compliance review.
4. The registrant shall notify KYDOR of any errors related to electronic file format, written instructions, or calculations in any approved product.
5. The registrant shall include its FEIN in the Schema.
6. The registrant shall grant a limited license to KYDOR to display certified software vendors in various KYDOR public information venues, material designed only for the purpose of informing tax practitioners and taxpayers about software developers participating in this program.
7. The registrant understands that XML submissions which it produces shall not be processed by KYDOR if such submissions do not fully meet the standards set forth in the KYDOR Schema, test cases, and the Agreement. KYDOR reserves the right to contact the registrant regarding issues of non-compliance.

REGARDING THE DISCLOSURE OF CONFIDENTIAL INFORMATION

In this portion, confidential information refers to the following: information included in the Interface Communications Document (ICD), or any other sensitive information pertaining to the Kentucky Department of Revenue's Gateway which includes, but is not limited to: IP addresses, certificate details, Schemas, Schema Edits, or Gateway credentials, including the transmitter's username and password.

1. The registrant acknowledges and understands that confidential information provided by the Kentucky Department of Revenue remains the property of the Kentucky Department of Revenue, and that access to confidential information will be revoked upon violation of this agreement.
2. The registrant shall use confidential information solely for the transmission, receipt and verification of return information sent to the Kentucky Department of Revenue through the Gateway. Any entities or individuals with access to systems or information which contains or has contained confidential information are bound to uphold this standard.
3. The registrant shall not use the confidential information described herein for any other purpose than that described in the above section, nor shall the registrant disclose the confidential information to any third party. Exceptions may be outlined and agreed upon between the registrant and the Kentucky Department of Revenue in writing.
4. The registrant shall take reasonable and appropriate measures to safeguard and protect confidential information. Access to confidential information shall be restricted, and shall only be provided on a "need to know" basis for the completion of the purposes described above.
5. Confidential information acquired over the phone, via email, through text message, instant message, in person verbal communication, letter, or by any other means, shall be safeguarded by the registrant and shall not be disclosed.
6. The registrant shall not disclose confidential information to any person or entity not authorized on the Registration form.
7. The registrant, upon receipt of the Terms of Service and Nondisclosure Agreements, shall review, understand, and comply with the contents therein.

SIGNATURE

- I acknowledge that all test files submitted during the testing process are created by, and originate from, organization.
- I acknowledge that all electronic return data received by the Kentucky Department of Revenue from organization will be submitted using the initially approved Schema version, or a subsequent update as provided by the Kentucky Department of Revenue.
- I acknowledge that all certificates, IP addresses, and other self-identifying credentials must either originate from the Kentucky Department of Revenue, or be approved by the Kentucky Department of Revenue, prior to testing or the submission of production return data.
- I acknowledge that the Kentucky Department of Revenue will be notified of any incorrect and/or missing calculation or e-file data element for any electronic returns submitted to the Kentucky Department of Revenue.

As the representative of the above named organization, I agree, on behalf of the organization, to comply with all requirements listed above. Furthermore, by signing this agreement, my organization is agreeing to all of the requirements listed above. The Kentucky Department of Revenue reserves the right to revoke approval acceptance of any company and thereby refuse to accept any additional returns from such software company that does not adhere to above stated requirements.

As an approved vendor, I agree to provide true, accurate, current, and complete information about my company. I understand that if I provide any information that is untrue, inaccurate, obsolete, or incomplete, the Kentucky Department of Revenue has the right to deny, suspend, or terminate my account.

Name of Authorized Representative	Date	Phone Number
Your Name	11/6/2017	Phone Number

Signature of Authorized Representative	Email Address
_____	Your Email Address