

IT Professional Technical Services Master Contract Program T#:902TS

Statement of Work (SOW) For Technology Services Issued By

Office of MN.IT Services

Project Title: F5 GenTax Application

**Service Category: Network (Data, Video, Voice) – Application
(Design & Development)**

Business Need

The Department of Revenue desires that performance, availability, reliability and security be enhanced for the GenTax application, (the main consolidated or integrated tax processing application), specifically any taxpayer facing access or function for connecting to the tax application.

Enhancements need to be in place before January, 2014 which is the next income tax filing season. To achieve this end, MN.IT Services @ Revenue procured F5 networking and security devices for installation at the Stassen Building and the out-of-state disaster recovery site. Eighty hours of contracting services were part of the initial purchase of the F5 device and used to demonstrate and confirm the use of the F5 device and to set an example for MN.IT @ Revenue Network Engineers to continue the migration of applications over to the networking and security device.

These services have been successfully completed by the F5 vendor. Due to the condensed timeframe for the successful implementation, MN.IT @ Revenue requires on-site and on-call 3rd party engineering services from the F5 vendor to assist in resolving technical installation and configuration issues as they arise, especially during the tax filing season if any should arise.

Project Deliverables

Engineering expertise of the F5 network and security device, configuration and scripting expertise and training opportunities for the successful implementation of the improved performance, availability, reliability and security of the GenTax application. Some of these services may be on site or over the telephone.

Project Milestones and Schedule

- Estimated Project Start Date: December 1, 2013
- Key deliverable date: January 1, 2014
- End Date: June 30, 2014

Project Environment (State Resources)

With the assistance and guidance of the F5 Engineer, MN.IT @ Revenue Network Engineers will perform the required hands-on work in configuring the F5 device and writing scripts. This method will be used to increase the MN.IT @ Revenue Network Engineer's experience and understanding of the F5 network device.

Responsibilities Expected of the Selected Vendor

The contractor will be made available either in person or on the telephone to answer all questions that the MN.IT @ Revenue Network Engineers may have and to assist in trouble shooting problems as they arise in the successful delivery of the enhanced performance, availability, reliability and security of the GenTax application.

Required Skills (To be scored as Pass/Fail)

Required minimum qualifications:

Three or more years of experience Engineering F5 design for large computing environments

Three or more years of experience working with LTM, ASM and APM modules.

Three references

Resumes for proposed candidates

Desired Skills

- Excellent communication skills
- Work in collaboration with others in order to solve problems and produce results

Process Schedule

- | | |
|--|---------------------|
| • Deadline for Questions | 11/18/2013, Noon |
| • Anticipated Posted Response to Questions | 11/19/2013, 5:00 PM |
| • Proposals due | 11/20/2013, Noon |
| • Anticipated proposal evaluation begins | 11/20/2013, Noon |
| • Anticipated proposal evaluation & decision | 11/21/2013, 5:00 PM |

Questions

Any questions regarding this Statement of Work should be submitted via e-mail by 11/18/2013, Noon:

Name: Rick Dornfeld

Department: MN.IT @ Revenue

Email Address: Rick.Dornfeld@state.mn.us

Questions and answers will be posted on the Office of MN.IT Services website by approximately 11/19/2013, 5:00 PM (http://mn.gov/buyit/statements/mcp902ts_active.html).

SOW Evaluation Process

- Company (10%)
- Experience (45%)
- Three References (10%)
- Work Plan (5%)
- Cost (30%)

Statement of Work does not obligate the state to award a work order or complete the assignment, and the state reserves the right to cancel the solicitation if it is considered to be in its best interest. The Agency reserves the right to reject any and all proposals.

Response Requirements

Cover Letter

The Proposal shall contain a Cover Letter (Two Page Limit) including the following:

Responder's mailing and facility address, facsimile number, telephone number, and web site address (if applicable).

Name, title, address, telephone number, and email address of the person designated by the company to answer questions about the Response.

Cover letter signed by a designated officer of the company.

Location of the company's headquarters, local facilities and satellite offices participating in the Contract Work Order.

A detailed explanation of the way the Responder would be available locally on a day-to-day basis during the period of the Contract Work Order to answer all questions that the MN.IT @ Revenue Network Engineers may have and to assist in trouble shooting problems as they arise in the successful delivery of the enhanced performance, availability, reliability and security of the GenTax application.

Provide a summary of Company background, years in business, history, capabilities, organizational structure and areas of expertise.

A statement of acceptance of the Contract Work Order. All terms and conditions stated in this SOW and the Response shall become a part of the Contract Work Order if the Responder is selected.

Qualifications and Capabilities:

The proposal shall contain the following details:

Provide resumes of the staff who will be assigned to the contract Work Order and a matrix table listing the following information for each individual assigned to the Contract Work Order: classification(s), summary of educational experience, project role for this SOW, years of experience, and skills and expertise.

Provide a detailed description of the company's experience as it relates to the tasks and deliverables listed in the SOW and how the Pass/Fail Criteria are met.

Describe the roles of the Responder's Project Manager as well as technical; staff and how they communicate with each other and the client.

References:

The proposal shall contain the following details:

Provide a list of projects your firm has completed for other Government Departments within the last 5 years and role in each.

Provide descriptions of three (3) projects managed by the Responders proposed Project Manager within the last five (5) years that include tasks similar to this listed in this SOW. For each of the projects provide: 1) name of the project and the client (including the client contact person with a telephone and email address); 2) a brief project

description including a listing of tasks performed and the personnel who performed those tasks; 3) outcome achieved.

Work Plan

The Proposal shall contain the following details:

Provide a project summary and work plan explaining how the Responder will approach each of the tasks and deliverables described in this SOW.

Describe the major activities for each task and deliverable listed, and staff resources required to achieve the tasks and deliverables of this SOW.

Project summary must demonstrate the Responder's understanding of the services requested in this SOW and any problems anticipated in accomplishing the work.

Proposal Submission Instructions

Responses must be received no later than November 20, 2013, 12:00 PM Central Standard Time (CDT) and must be submitted via email to MN.IT_Contracts@state.mn.us (Please note there is an underscore between MN.IT and the word Contracts.) (Subject Line of the email: SOW Response – F5 Gen Tax Application. Responses sent to any other email address will not be considered. It is the Responders sole responsibility to ensure that their submittal is received at the MN.IT_Contracts@state.mn.us email address by the response deadline. Responses received after the deadline will not be considered, regardless of any documentation showing when the response email was sent.

Conflict of Interest

Responder must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this SOW. The list should indicate the name of the entity, the relationship, and a discussion of conflict.

Required Forms

These forms must be signed by the appropriate individual with the Company, scanned into a file, and include with the email submission.

Affirmative Action Certificate of Compliance (if over \$100,000)

<http://www.mmd.admin.state.mn.us/doc/affaction.doc>

Affidavit of non-collusion

<http://www.mmd.admin.state.mn.us/doc/noncollusion.doc>

Certification Regarding Lobbying

<http://www.mmd.admin.state.mn.us/doc/lobbying.doc>

Veteran-Owned/Service Disabled Veteran-Owned Preference Form

<http://www.mmd.admin.state.mn.us/doc/vetpref.doc>

Resident Vendor Form

<http://www.mmd.admin.state.mn.us/doc/residentvendorform.doc>

Background Check Form – Attached as a separate document

General Requirements

Required Background Checks

Non-Revenue Employees: Applicant information for individuals providing services or performing work for Department of Revenue and for individuals accessing any Minnesota Department of Revenue (DOR) facilities or computer systems require a criminal and tax filing background check.

Proposal Contents

By submission of a proposal, Responder warrants that the information provided is true, correct and reliable for purposes of evaluation for potential award of this work order. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the responder to suspension or debarment proceedings as well as other remedies available by law.

Indemnification

In the performance of this contract by Contractor, or Contractor's agents or employees, the contractor must indemnify, save, and hold harmless the State, its agents, and employees, from any claims or causes of action, including attorney's fees incurred by the state, to the extent caused by Contractor's:

- 1) Intentional, willful, or negligent acts or omissions; or
- 2) Actions that give rise to strict liability; or
- 3) Breach of contract or warranty.

The indemnification obligations of this section do not apply in the event the claim or cause of action is the result of the State's sole negligence. This clause will not be construed to bar any legal remedies the Contractor may have for the State's failure to fulfill its obligation under this contract.

Disposition of Responses

All materials submitted in response to this SOW will become property of the State and will become public record in accordance with Minnesota Statutes, section 13.591, after the evaluation process is completed. Pursuant to the statute, completion of the evaluation process occurs when the government entity has completed negotiating the contract with the selected vendor. If the Responder submits information in response to this SOW that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minn. Stat. § 13.37, the Responder must: clearly mark all trade secret materials in its response at the time the response is submitted, include a statement with its response justifying the trade secret designation for each item, and defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless the State, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State's award of a contract. In submitting a response to this RFP, the Responder agrees that this indemnification survives as long as the trade secret materials are in possession of the State.

The State will not consider the prices submitted by the Responder to be proprietary or trade secret materials.

Conflicts of Interest

Responder must provide a list of all entities with which it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in this request for proposals. The list should indicate the name of the entity, the relationship, and a discussion of the conflict.

The responder warrants that, to the best of its knowledge and belief, and except as otherwise disclosed, there are no relevant facts or circumstances which could give rise to organizational conflicts of interest. An organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a vendor is unable or potentially unable to render impartial assistance or advice to the State, or the vendor's objectivity in performing the contract work is or might be otherwise impaired, or the vendor has an unfair competitive advantage. The responder agrees that, if after award, an organizational

conflict of interest is discovered, an immediate and full disclosure in writing must be made to the Assistant Director of the Department of Administration's Materials Management Division ("MMD") which must include a description of the action which the contractor has taken or proposes to take to avoid or mitigate such conflicts. If an organization conflict of interest is determined to exist, the State may, at its discretion, cancel the contract. In the event the responder was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to MMD, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed similar to the service provided by the prime contractor, and the terms "contract," "contractor," and "contracting officer" modified appropriately to preserve the State's rights.

IT Accessibility Standards

Responses to this solicitation must comply with the Minnesota IT Accessibility Standards effective September 1, 2010, which entails, in part, the Web Content Accessibility Guidelines (WCAG) 2.0 (Level AA) and Section 508 Subparts A-D which can be viewed at:

http://www.mmd.admin.state.mn.us/pdf/accessibility_standard.pdf

Preference to Targeted Group and Economically Disadvantaged Business and Individuals

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal. Eligible TG businesses must be currently certified by the Materials Management Division prior to the solicitation opening date and time. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or you may reach the Helpline by email at mmdhelp.line@state.mn.us. For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

Veteran-Owned Preference

In accordance with Minn. Stat. § 16C.16, subd. 6a, (a) Except when mandated by the federal government as a condition of receiving federal funds, the commissioner shall award up to a six percent preference on state procurement to **certified small businesses** that are **majority-owned and operated by**:

- (1) recently separated veterans who have served in active military service, at any time on or after September 11, 2001, and who have been discharged under honorable conditions from active service, as indicated by the person's United States Department of Defense form DD-214 or by the commissioner of veterans affairs;
- (2) Veterans with service-connected disabilities, as determined at any time by the United States Department of Veterans Affairs; or
- (3) any other veteran-owned small businesses certified under section [16C.19](#), paragraph (d).

In accordance with Minn. Stat. § 16C.19 (d), a veteran-owned small business, the principal place of business of which is in Minnesota, is certified if it has been verified by the United States Department of Veterans Affairs as being either a veteran-owned small business or a service disabled veteran-owned small business, in accordance with Public Law 109-461 and Code of Federal Regulations, title 38, part 74.

To receive a preference the veteran-owned small business must meet the statutory requirements above by the solicitation opening date and time.

If you are claiming the veteran-owned preference, **attach documentation, sign and return the Veteran-Owned Preference Form with your response to the solicitation.** Only eligible veteran-owned small businesses that meet the statutory requirements and provide adequate documentation will be given the preference.

MINNESOTA · REVENUE

Non-Revenue Employees

Applicant information for individuals providing services or performing work for Department of Revenue and for individuals accessing any Minnesota Department of Revenue (DOR) facilities or computer systems.

Please read the following information carefully and complete the requested data in Section I, II, III, and IV as indicated below. Please note that a criminal history and tax check will be conducted prior to allowing you access to any Minnesota Department of Revenue (DOR) facilities or computer systems.

Section I. Applicant Information and Employment History

Minnesota Statutes 13.01 through 13.87 (1983) on data practices requires that you be informed that the following information which you are asked to provide is considered private data: name, home address, home phone number, social security number, criminal conviction record, financial and tax information. As a result, this information is protected and is available only to you, and officials who have a need for it. Below describes why the data is being requested.

- **Your address and home phone number.** DOR asks for this data to distinguish you from other applicants and to allow us to contact you, if necessary.
- **Your social security number; finance and tax information; and employment history.** DOR uses this information to determine whether you were required to, and actually filed your State tax returns or if you currently owe tax to the State of Minnesota or any other State you resided in within the last five years. If you owe tax or have not filed the required tax returns, you must file the returns and/or make a satisfactory payment arrangement in order to provide services or perform work for DOR. Additionally, DOR uses this information to verify your filing and payment status on an annual basis, while you are providing services or performing work for DOR.
- **Conviction record.** DOR uses this information to determine if you have a job-related criminal record that would prohibit your access to our facilities, staff or records.

Section II. Criminal History Record

- **Informed Consent form.** Completion of the enclosed Informed Consent form grants us permission to review your Minnesota criminal history record to determine if you have a job-related criminal record that would prohibit your access to our staff and facilities.
- **Verifications, Inc. form.** Completion of this form is required only if you lived and/or worked in another State, within the last seven years. DOR uses Verifications, Inc. to conduct criminal history checks in States other than Minnesota.

Section III. Revenue Security Agreement

This agreement outlines your responsibility to maintain information confidentiality as specified by Minnesota Statutes, Minnesota Revenue Regulations, the federal Internal Revenue Code 6103 and IRS regulations. Please sign this form acknowledging your commitment to adherence of these requirements and your understanding of the consequences for failure to do so.

Section IV. Applicant Tax Filing and Payment Requirements

IMPORTANT: If you provide false information, you will not be allowed to provide services or perform work for DOR or have access to any Minnesota Department of Revenue (DOR) facilities or computer systems. You will not be granted access to DOR facilities and/or computer systems.

HR Use only: BCA: by _____ date _____ Tax: by _____ date _____
Badge Issued: Y/N by _____ date _____ Number _____

Section I. Applicant Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____

Social Security #: _____

Job Title: _____ Company: _____

Person at DOR to whom you will report while providing services or performing work for DOR:

Who to contact in the event of an emergency – Name, Relationship, and Phone #:

1) _____

2) _____

Please attach a copy of your updated resume that indicates the name of your employers and dates of employment over the last 7 years.

If a resume is not available, complete the information below, listing all employers in the previous 7 years:

Name of present employer: _____

Address, City, State: _____

Dates employed mo/yr. _____

Name of employer: _____

Address, City, State: _____

Dates employed mo/yr. _____

Name of employer: _____

Address, City, State: _____

Dates employed mo/yr. _____

Name of employer: _____

Address, City, State: _____

Dates employed mo/yr. _____

Continue on separate page if necessary.

Section I Continued.

Financial and tax information

Have you failed to file any state or federal income tax returns?..... yes no

If "yes", please explain: _____

Do you presently owe any state or federal income taxes?..... yes no

If "yes", please explain: _____

Have you failed to file any business tax returns for which you have been determined personally liable?..... yes no

If "yes", please explain: _____

Do you presently owe any business taxes for which you have been determined personally liable?..... yes no

If so, please provide the Minnesota business 7 digit identification number _____

Criminal conviction information

Have you been convicted of a misdemeanor, gross misdemeanor or felony (excluding minor traffic violations)?..... yes no

You may answer "no" if the conviction or criminal records have been sealed, set aside, or if you have been pardoned pursuant to law.

If "yes", please attach a separate sheet with explanation. Information concerning this question will be used to determine whether any convictions are job-related. It will not automatically bar you from providing services or performing work for this agency. If you have a probation or parole officer, please list his/her name, telephone number, and jurisdiction.

Officer's name _____ Phone _____
(____)_____

Jurisdiction _____

I authorize the Minnesota Department of Revenue to conduct an inquiry into any job-related information including, but not limited to:

- 1) Employment data including dates of employment, salary, positions held, title, job related knowledge, skills and abilities, job performance, attendance, disciplinary actions, reasons for leaving and eligibility for rehire; and***
- 2) All past and current tax returns, both state and federal, for the purpose of verifying filing and payment status of my return.***

I understand that if I am providing services or performing work for the Minnesota Department of Revenue (DOR) or have access to DOR facilities or computer systems that the Department of Revenue will verify tax filing and payment status on an annual basis while I am providing services or performing work for DOR or have access to DOR facilities or computer systems.

The information provided is true and correct to the best of my knowledge and I acknowledge having read the above statements.

Signature _____ Date: _____

Section II. Criminal History Record – Informed Consent

Criminal History Record Information maintained by the Minnesota Department of Public Safety, Bureau of Criminal Apprehension, and Criminal Justice Information Systems Section is classified as Private Data. Minnesota State Statutes 13.05, Subdivision 4, requires that the subject of Private Data give his or her informed consent prior to dissemination of this data to any person or agency by completing the information below.

You must provide us with the following information so that we can determine whether any criminal convictions may be a job related consideration. If you choose not to provide us with this information, you will not be allowed access to Minnesota Department of Revenue facilities, staff or records.

Please print:

Job Title:

Last Name of Applicant (please print): _____

First Name: _____ Middle (full): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ Sex (M or F): _____
MM/DD/YYYY

Social Security Number: _____

If driving is required in this job:

Driver's License #: _____

State Issued: _____ Expire Date: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all Criminal History Record Information to the Minnesota Department of Revenue, Human Resource Management Division, for the purpose of providing services or performing work for this agency or to have access to any Minnesota Department of Revenue (DOR) facilities or computer systems.

Signature of Applicant

Date

Verifications, Inc.
Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization

I authorize Minnesota Dept. of Revenue and **Verifications, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

If currently employed: **My current employer may be contacted.** **YES** **NO** **N/A**

I understand that a Consumer Report or Investigative Consumer Report (“Consumer Report”) may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201. Phone 1-877-414-7060 / 1-800-735-3002 / 605-884-1200**

Are you applying for employment in the State of California? **YES** **NO**

If you are applying for employment in California and a consumer report will be initiated on you within 3 days, the above named (prospective) employer will give you a copy of this Disclosure. It includes important information about the scope and nature of the consumer report and summarizes CA Civil Code Section 1786.22 as required by law. If the report is not initiated until a future date, you will be notified at that time. Regardless of when a report is initiated, you will automatically receive a copy of your report within 7 days of the report being provided to the (prospective) employer.

Are you applying for employment in California, Minnesota or Oklahoma? **YES** **NO**
If so, would you like a copy of any Consumer Report prepared on you? **YES** **NO**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company, this authorization will remain in effect throughout such employment.*

Signature Social Security Number Date

*NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. **PLEASE PRINT CLEARLY.***

Last Name First Name Middle Name

Street Address City State ZIP

Driver's License Number State of License Expires On Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

Revision 032502

NOTARY (IF REQUIRED)

State _____ County of _____

Signature _____ My Commission Expires on _____

Section III. Revenue Security Agreement

Revenue Security Agreement

While providing services or performing work for the State of Minnesota, Department of Revenue, or have access to DOR facilities or computer systems, undersigned, agrees to adhere to the requirements of information confidentiality as specified by Minnesota Statutes, Minnesota Revenue Regulations, the federal Internal Revenue Code 6103 and IRS regulations.

Under Minnesota Statutes, Sections 270B.13, 270B.18 and 270B.02, the undersigned understands it is unlawful to divulge or reveal any particular set forth in any tax return, document or record that is classified under Chapter 270B as being private or nonpublic data, unless it is in connection with official duties. A person who violates these provisions will be guilty of a gross misdemeanor, punishable upon conviction by imprisonment for up to one year or a fine of up to \$3,000 or both. For other state provisions, other penalties may apply. Under federal law, the unauthorized disclosure of federal income tax return information is a felony, punishable upon conviction by imprisonment for up to 5 years or fine of up to \$5,000 or both. The federal code also provides for civil lawsuits and the payment of punitive damages to the grieved taxpayer.

In order to ensure that no protected data is ever disclosed, I the undersigned, further agree that I will not publicly disclose ANY tax data, information, or program specifications which are made available to me in the course of performing my official or contracted duties. These items will be held in the strictest confidence and will not be discussed with anyone unless that person has been authorized to receive them.

I understand that it will be a violation of the law and this agreement to release any protected or classified tax data, information, or program specifications to any other facility or person for any purpose unless, the owner of each receiving facility has been notified of the requirement that they subject themselves and their employees to the penalties provided for unauthorized disclosure, and they have signed a security agreement and agreed to maintain the confidentiality of the information and data. It will be necessary for the owner of each facility to communicate to its employees the above referenced penalties for unauthorized disclosures and obtain and submit signed security agreements to the Department of Revenue before any information is processed or made available.

Name: _____

Signature: _____

Date: _____

Section IV. Tax Filing and Payment Requirements

Tax Filing and Payment Requirements

Department of Revenue Policy

All individuals providing services or performing work (contractor) for Department of Revenue must meet all tax filing and payment requirements. This means contractors must file their Minnesota Individual Income Tax return and IRS Federal Individual Income Tax return by April 15th of each year, or request an extension, if appropriate, even if they are expecting a refund.

If a contractor is unable to pay their Minnesota income tax or Federal income tax, they must file and make arrangements for a payment plan by April 15. It is not acceptable for contractors to file their tax returns without payment and wait for the collection process to begin (i.e. waiting to receive a bill before making payment or setting up a payment plan).

For those contractors who live and/or work in a state other than Minnesota, the contractor must file a return in the appropriate state and must make payments due, in a timely manner.

Ensuring Compliance

In order to ensure compliance with this policy, the Department of Revenue verifies the filing and payment status of all contractors prior to providing services or performing work for Department of Revenue. In addition, on an annual basis we conduct reviews of the filing and payment status of all contractors. Also, because our contractors may have access to information about audit standards, we may subject contractor's returns to intensive scrutiny to ensure accuracy and completeness, where appropriate.

Contractors who fail to comply with these requirements will not be allowed to provide services or perform work for DOR.

Applicants for Services

In order to be considered to provide services or perform work for Department of Revenue, contractors must be current on their tax filing and payment requirements, both state and federal, at the time of the Department of Revenue background check application completion. This means that all tax returns for the past five years must be filed, all taxes owed must be paid, or if an established payment plan is in place, payments must be up to date. Contractors who live(d) and/or work(ed) in another state must also be current with their tax filing and payment in that state.

Individuals providing services or performing work for Department of Revenue, who are not in compliance with the tax filing and payment requirements as stated above, will not be allowed to provide services or perform work for DOR.

I acknowledge having read the above statements.

Signature _____ **Date:** _____