



Solicitation Information

April 20, 2015

Addendum #1

RFP #7549437

TITLE: Data Entry Services for Employer Tax Services

SUBMISSION DEADLINE: APRIL 29, 2015 AT 2:00 PM (ET)

PLEASE NOTE THAT THE SUBMISSION DEADLINE HAS BEEN EXTENDED FROM APRIL 22, 2015 TO APRIL 29, 2015 AT 2:00 PM (ET).

ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES. NO FURTHER QUESTIONS WILL BE ANSWERED.

**Gail Walsh
Chief Buyer**

Vendor A

1. Section 4 "Technical Proposal" appears to reference a different project related to billing services (and water testing billing); is this the desired format and narrative for RFP # 7549437?

Answer: This is an error. Please disregard reference to billing services.

2. If this project does require billing agency services, would the Agency accept alternate proposals for data entry only?

Answer: This is for data entry only.

3. Would the Agency please provide samples of the three unique forms to be keyed and the approximate number of keystrokes per form?

Answer: Samples are attached.

4. Are the source documents necessary for keying given the TIFF files?

Answer: We scan the source documents in and FTP the TIFF files to the vendor.

5. Is the Agency amenable to shipping the physical documents and/or digitized files via 3rd party carrier?

Answer: No

6. May the TIFF files be transferred to the vendor by the Agency via secure FTP?

Answer: Yes

7. Would the Agency approximate the number of batches the 12.5mil keystrokes will be divided into?

Answer: Batches can vary 1 employer to 50 employers per batch. Approximately 2000 batches per month.

8. Does the Agency require that the forms be keyed double-blind verified?

Answer: Yes

9. Section 3 "Scope of Work" states that the "Total cost is approximately \$12,500 each calendar year." Does this reflect the amount that the Agency is currently paying for performing approximately 12,500,000 keystrokes annually?

Answer: Bid is based on 1,000 keystrokes

Vendor B

1. Whether companies from Outside USA can apply for this? **NO**

(From India or Canada)

2. Whether we need to come over there for meetings? **NO**

3. Can we perform the tasks (related to RFP) outside USA? **NO**

(From India or CANADA)

4. Can we submit our proposals via email ? **NO**

Record Name: EMPLOYER SUMMARY RECORD - IDENTIFIER CODE "T"

Position	Char Type	Field	Len	Remarks
1	A	Record Identifier Code	1	Constant "T"
2-13	N	Quarterly Wages*	12	Total Wages paid during quarter
14-25	N	Wage Record total*	12	Sum of all wages on "W" records
26-34	A	Magnetic tape reporter code	9	Constant
35-43	X	Blank	9	
44-53	N	Rhode Island Employer No.	10	
54-75	N	Blank	22	
76-77	N	Year being reported	2	Last 2 digits
78	N	Quarter being reported	1	1=Jan-Mar 2=Apr-Jun 3=Jul-Sep 4=Oct-Dec
79-89	X	Employer Name	11	
90-275(6)	X	Blank	186	

Record Name: DETAILED WAGE INFORMATION RECORD - IDENTIFIER CODE AW@

Position	Char Type	Field	Len	Remarks
1	A	Record Identifier code	1	Constant "W"
2-25	X	Blank	24	
26-34	X	Microfilm Index number	9	Constant "MAGTAPWGR"
35-43	N	Social Security Number	9	If not available, zero fill
44-53	N	Employer Registration No.	10	Same as item 6 in "T"
54-62	N	Employee Last Name	9	
63	X	Employee First Initial	1	
64-75	N	Wages reported for the Qtr*	12	
76-77	N	Year being reported	2	
78	N	Quarter being reported	1	
79-89	X	Employer Name	11	
90-275(6)	X	Blank	136	

* All wage items must be reported as dollars and cents with no decimals

TYPE KEY A=Alphabetic N=Numeric X=Character

SAMPLE

QUARTERLY TAX AND WAGE REPORT
DIVISION OF TAXATION - EMPLOYER TAX SECTION
 ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829
 Telephone (401) 574-8700 (Option 2)

WWW.UITAX.RI.GOV

IMPORTANT:

This Report should include information only for the quarter indicated. Corrections or adjustments for other quarters must be submitted separately with a letter of explanation. All Rhode Island employers, including those not required to complete the tax section of this report, must complete the employee wage report section of this report. Return the completed form to the above address. Please complete all items. Enter "0" where appropriate. Make check payable to RIET.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND ACCURATE AS REFLECTED BY THE PAYROLL RECORDS OF THIS FIRM.

ABC Co.

SIGNED

TITLE

0000123456

R.I. Employer Account Number: _____ This Report is for the Year and Quarter: 2009/2 and is Due on or Before: _____

1. Enter the number of employees for the payroll period including the 12th of the month. (See Item 1 on Instruction Sheet.)		Month 1	Month 2	Month 3
2. Enter TOTAL WAGES PAID during the Quarter	\$	TAX COMPUTATION		
		TAX RATE		TAX AMOUNT DUE
3. ES Taxable Wages per Employee (First \$ 18,000)	\$-	X 4	=	5 \$-
6. JDF Taxable Wages per Employee (First \$ 18,000)	\$-	X 7	.0021 (0.21%) =	8 \$-
9. TDI Taxable Wages per Employee (First \$ 56,000)	\$-	X 10	.0150 (1.50%) =	11 \$-

12. Total ES, JDF, TDI TAX DUE:

\$-

13. Has a change in Ownership, Location, or Industrial Nature occurred during the Quarter? _____

14. Enter last day wages were paid during the Quarter _____ MON. _____ DAY _____ YR.

Check Box if Payment is made by EFT

EMPLOYEE QUARTERLY WAGE INFORMATION: If more space is needed, attach pages with similar format

15. Social Security Number	16. Last Name and 1st Initial of the First Name	17. Total wages for the Quarter.	18. Weeks Paid	19. Hours Paid
555-44-3310	DOE, J	15,000.00	13	520
444-55-1100	SMITH, M	10,000.00	13	400

20. TOTAL WAGES ALL PAGES \$

