Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 14-JUN-16
BID NUMBER: 7550712
TITLE: Tax Coupon Booklets, DOR

BLANKET START : 01-SEP-16
BLANKET END : 31-AUG-19
BID CLOSING DATE AND TIME:08-JUL-2016 11:30:00

BUYER: Ohara 2nd, John F
PHONE #: 401-574-8125

BILL TO
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

SHIP TO
DOR DIVISION OF TAXATION
ONE CAPITOL HILL, 1ST FLOOR
SMITH STREET
PROVIDENCE, RI 02908
US

Requistion Number: 1456054

Line	Description	Quantity	Unit	Unit Price	Total
	Blanket Requirement: September 1, 2016 - August 31, 2019. Questions concerning this solicitation must be received by the Division of Purchases at: doa.purconstruction@purchasing.ri.gov no later than June 28th, 2016 at 5:00 PM (ET). Questions should be submitted in a Microsoft Word attachment. Please reference the RFQ# 7550712 on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. NOTE: 1.BE ADVISED THERE IS NO ITEM NUMBER ONE. ONLY ITEMS 2 THROUGH 21. 2.Bidders should indicate whether they have the ability to add either a QR code or a Check Digit routine to aid in the machine reading of coupons. Please circle: QR Code YES NO Check Digit routine YES NO				
2	APA-4751 9/1/16 - 8/31/19 WITHHOLDING 941 - QMRI QUARTER MONTHLY	2,000.00	Each		
3	APA-4751 9/1/16 - 8/31/19 WITHHOLDING 941 - QRI QUARTERLY	4,000.00	Each		
4	APA-4751 9/1/16 - 8/31/19 WITHHOLDING 941 - MRI MONTHLY	12,000.00	Each		
5	APA-4751 9/1/16 - 8/31/19 SALES T-204M MONTHLY	12,000.00	Each		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

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6	APA-4751 9/1/16 - 8/31/19 SALES T-204Q QUARTERLY	13,000.00	Each		
7	APA-4751 9/1/16 - 8/31/19 MOTOR DEALERS T-204M-MV MONTHLY MOTOR DEALER	600.00	Each		
8	APA-4751 9/1/16 - 8/31/19 MOTOR DEALERS T-204Q-MV QUARTERLY MOTOR DEALER	200.00	Each		
9	APA-4751 9/1/16 - 8/31/19 LIQUOR T-204M-L MONTHLY LIQUOR	2,000.00	Each		
10	APA-4751 9/1/16 - 8/31/19 LIQUOR T-204Q-L QUARTERLY LIQUOR	100.00	Each		
11	APA-4751 9/1/16 - 8/31/19 HOTEL HOM MONTHLY HOTEL	350.00	Each		
12	APA-4751 9/1/16 - 8/31/19 HTDM MONTHLY HARD-TO-DISPOSE	150.00	Each		
13	APA-4751 9/1/16 - 8/31/19 MBM MONTHLY MEALS & BEVERAGE	4,000.00	Each		
14	APA-4751 9/1/16 - 8/31/19 MBQ QUARTERLY MEALS & BEVERAGE	1,000.00	Each		
15	APA-4751 9/1/16 - 8/31/19 T-204 CIG CIGARETTE DEALER	1,100.00	Each		
16	APA-4751 9/1/16 - 8/31/19 INSERT 8 1/2 X 11 INSERT	18,000.00	Each		
17	APA-4751 9/1/16 - 8/31/19 INSERT COUPON BOOKLET INSERT	18,000.00	Each		
18	APA-4751 9/1/16 - 8/31/19 POSTAGE FOR NON-PRESORT ITEMS	1,500.00	Each		
19	APA-4751 9/1/16 - 8/31/19 PREPAID WIRELESS MONTHLY	300.00	Each		
20	APA-4751 9/1/16 - 8/31/19 PREPAID WIRELESS	300.00	Each		

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Requistion Number: 1456054

Line	Description	Quantity	Unit	Unit Price	Total
	QUARTERLY				
21	APA-4751 9/1/16 - 8/31/19 INSERTS - WITHOLDING	30,000.00	Each		

Delivery: _____

Terms of Payment: _____

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COUPON BOOKLETS

Multi Year (3) Contract -- September 1, 2016 to August 31, 2019

BLANKET REQUIREMENT

Withholding, Sales, Motor Vehicle Dealers, Hotel, Hard to Dispose, Meals & Beverage, Prepaid Wireless & Cigarette Retailer Booklets

1. Coupon booklets are to be 8.5" X 3.75" nominal. The nominal size of the remittance form is 7.5" X 3.75". The booklets should be bound in the left margin with each coupon perforated for ease of extraction.
2. Quarter Monthly booklets have 48 filing periods; Monthly have 12; Quarterly have 4.
3. Each booklet is to contain additional forms identical with the exception of the excluding the scan line.
4. Each booklet is to contain an appropriate number of perforated adhesive preprinted address labels. Addresses may be different according to tax type.
5. The scan line is to be vertically centered on a white ½" inch band from edge to edge and is to be printed using OCR-A Alpha font, 10 characters per inch. The variable data will be supplied by the Division of Taxation at the time of printing.
6. There will be one major printing and up to three subsequent printings during the year. Design and color of forms will be finalized prior to acceptance of proofs prior to each tax year (January 1 to December 31 or July 1 to June 30 depending on tax type.) Samples included in Request for Quote do not represent all tax types nor final form design. Final artwork will be provided during the testing phase of the bid process.

THERE WILL BE NO SUBCONTRACTING OF ANY TAX DATA THAT THE DIVISION SUBMITS TO THE VENDOR FOR PRINTING.

SPECIAL REQUEST
Bidders should indicate whether they have the ability to add either a QR code or a Check Digit routine to aid in the machine reading of coupons.

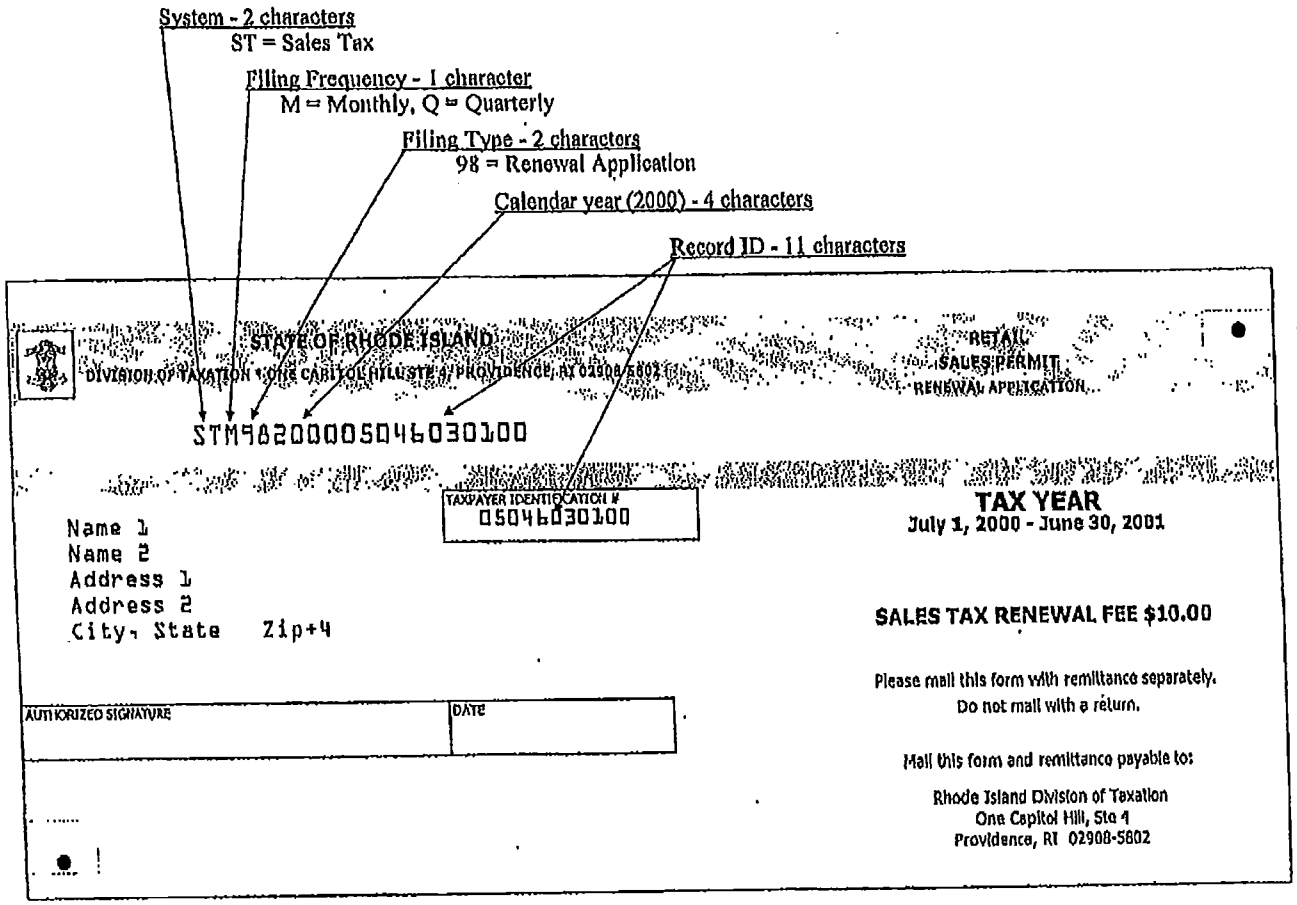
Sample booklets demonstrating construction are available,

Successful bidder will supply 5 sample copies of each booklet plus 25 unbound coupons of each type complete with scanlines for testing

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

SALES PERMIT RENEWAL APPLICATION ONLY



Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

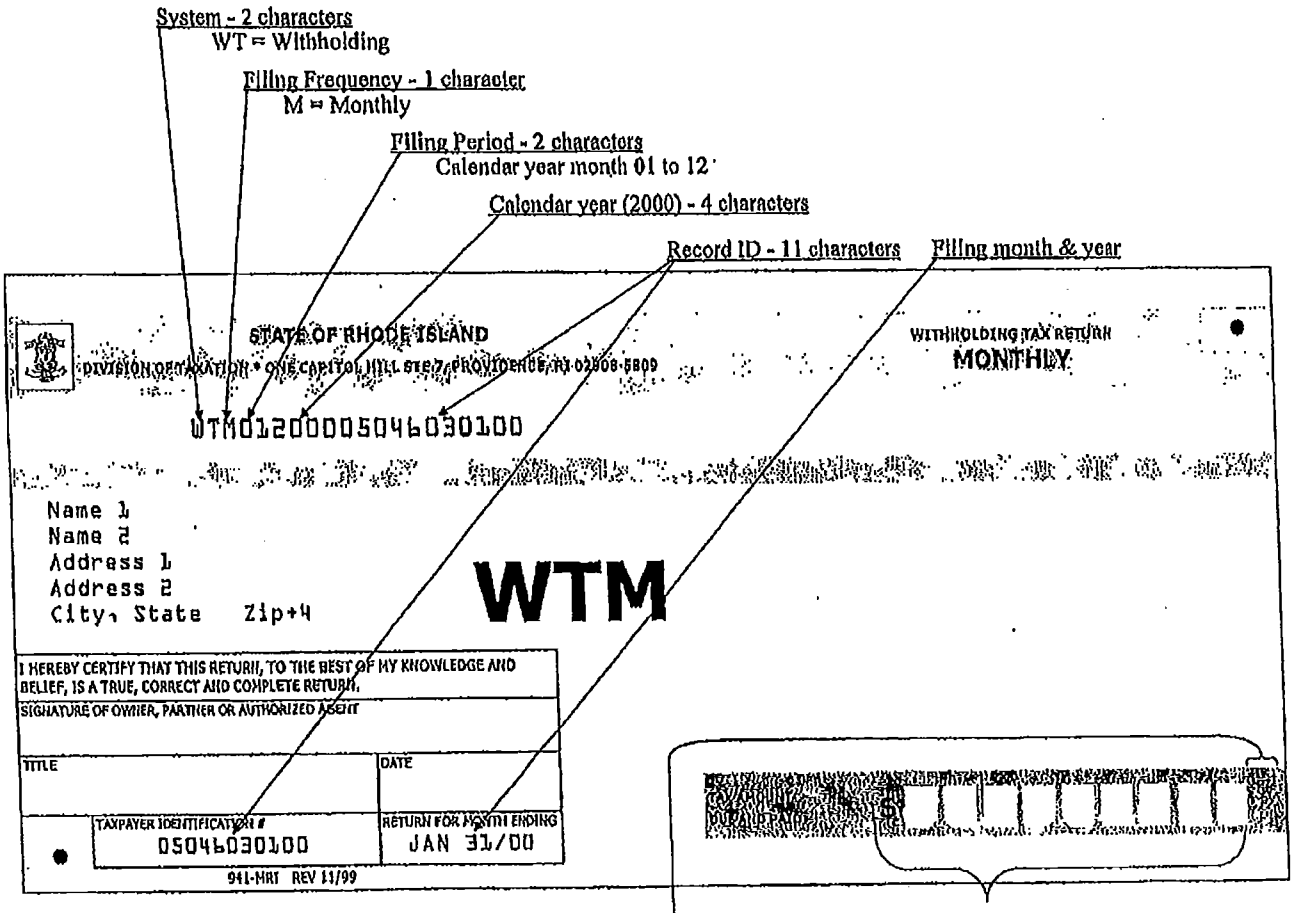
THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

MONTHLY ONLY



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The dollar sign must be in the black OCR-B font, size 16 or 18.

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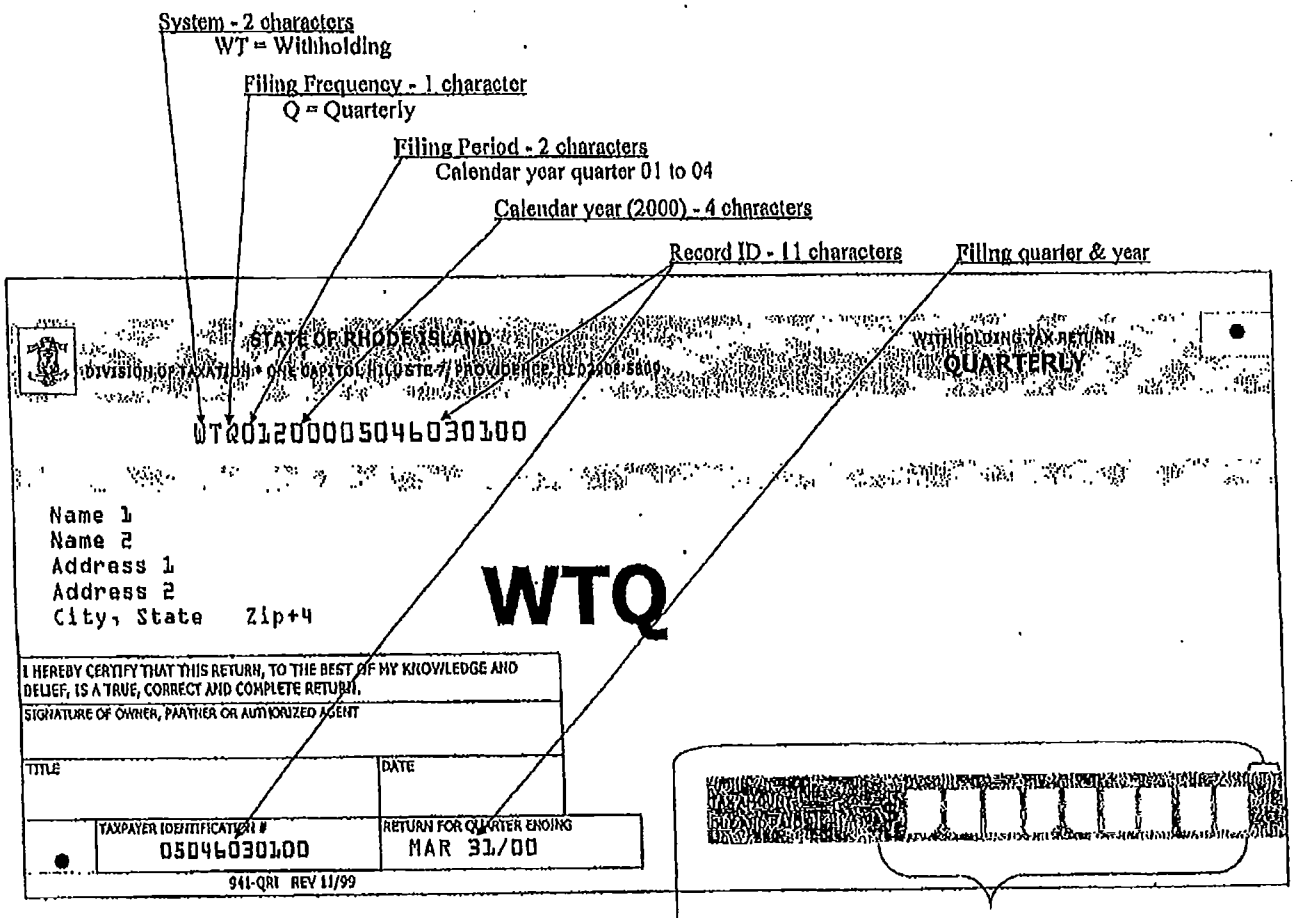
The total width of the CAR line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTERLY ONLY



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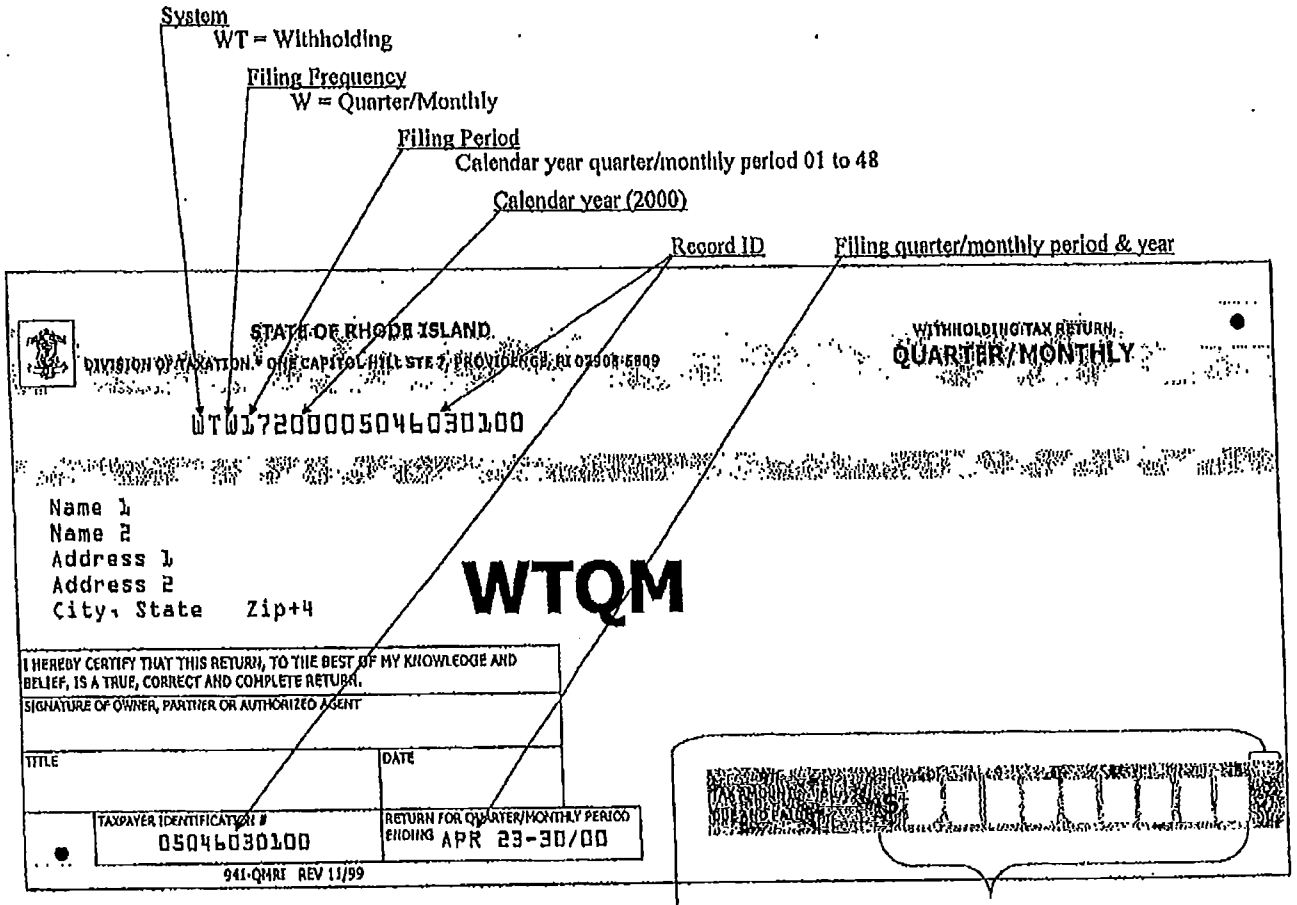
State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTER/MONTHLY ONLY



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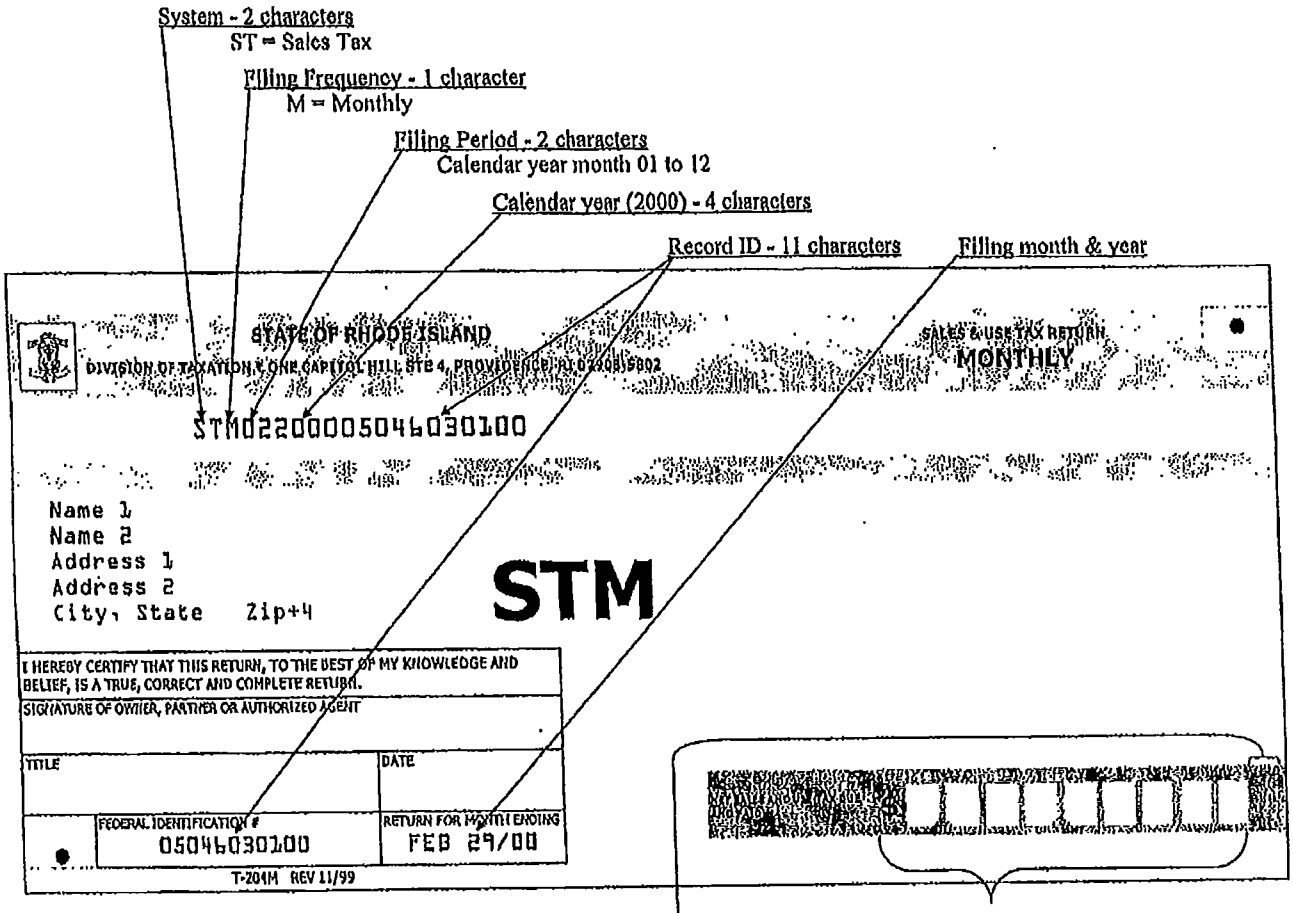
State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY ONLY



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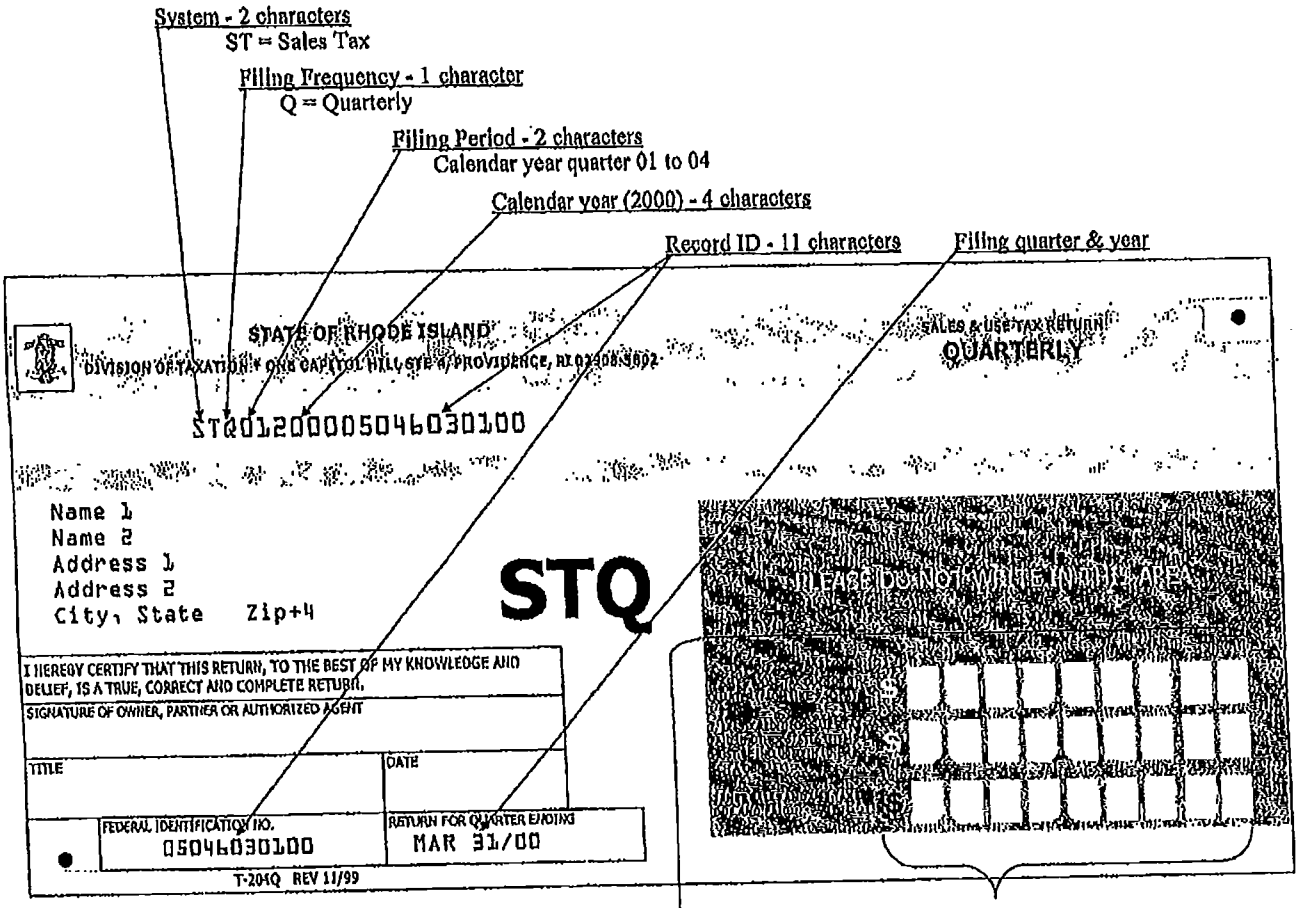
State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

FRONT



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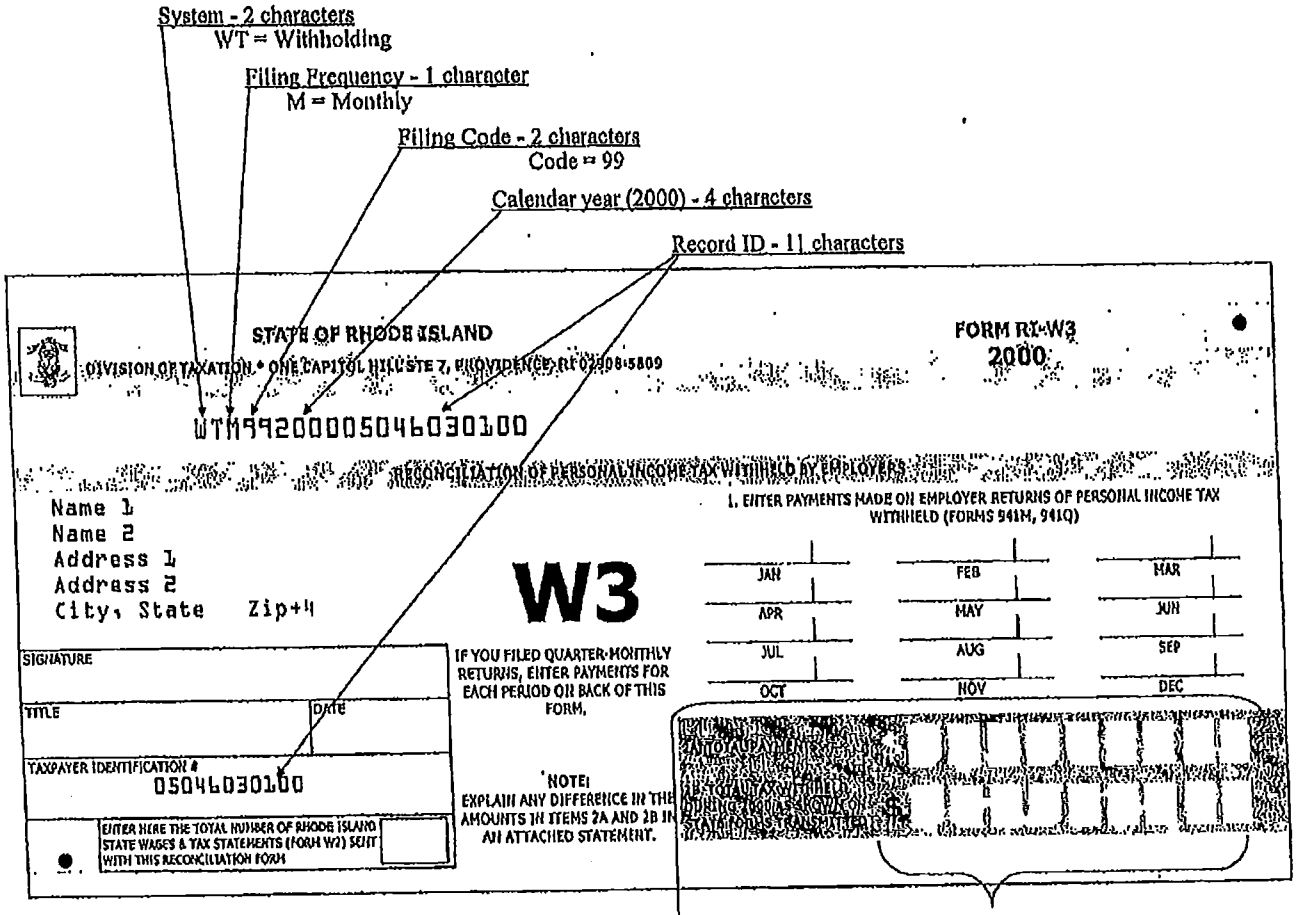
State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

FRONT



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State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

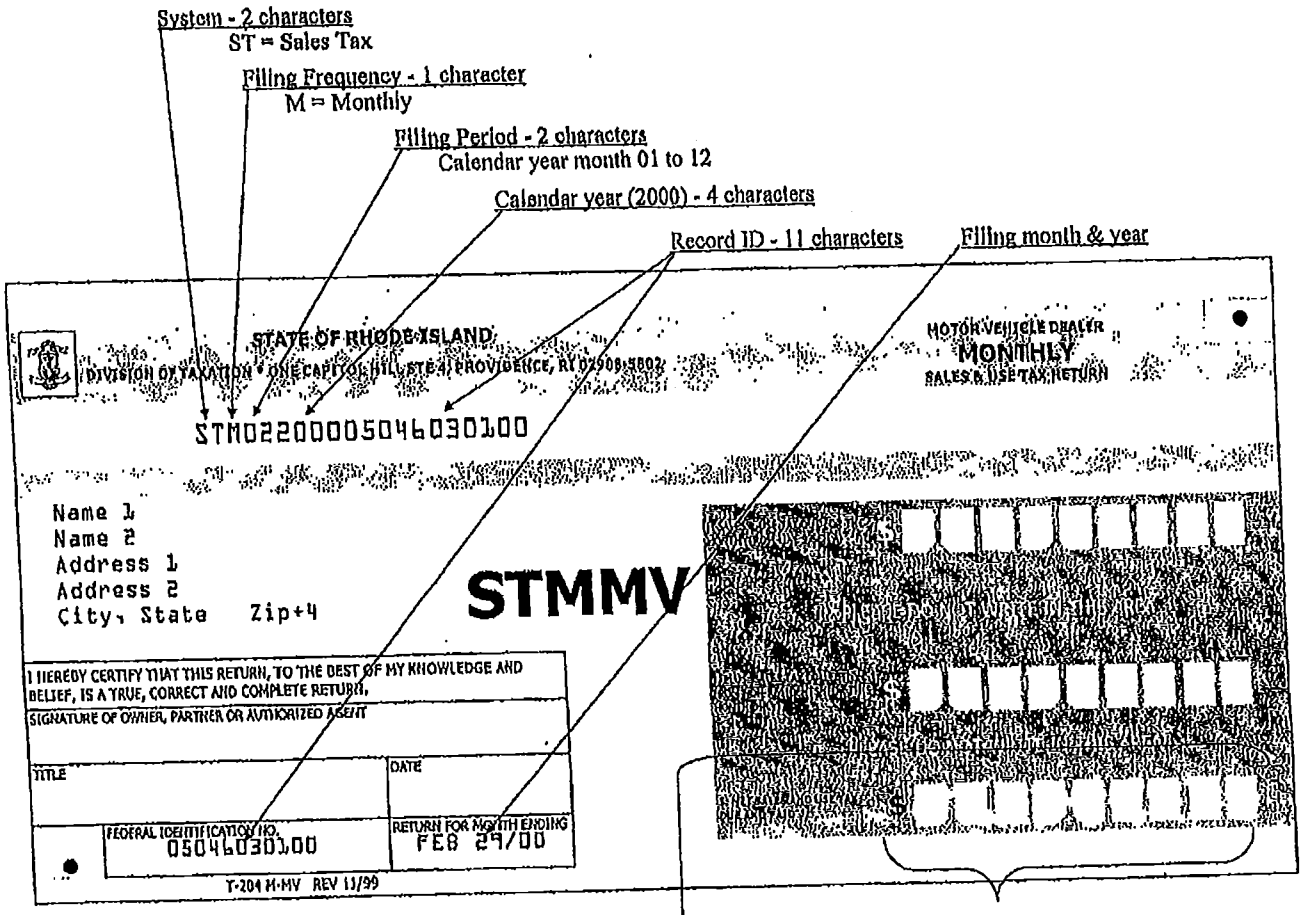
BACK

MONTH	1st QTR OF MONTH	2nd QTR OF MONTH	3rd QTR OF MONTH	4th QTR OF MONTH	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTAL FOR YEAR - ENTER HERE AND ON LINE 2A (FRONT)					
TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS					

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY (MOTOR VEHICLE) ONLY



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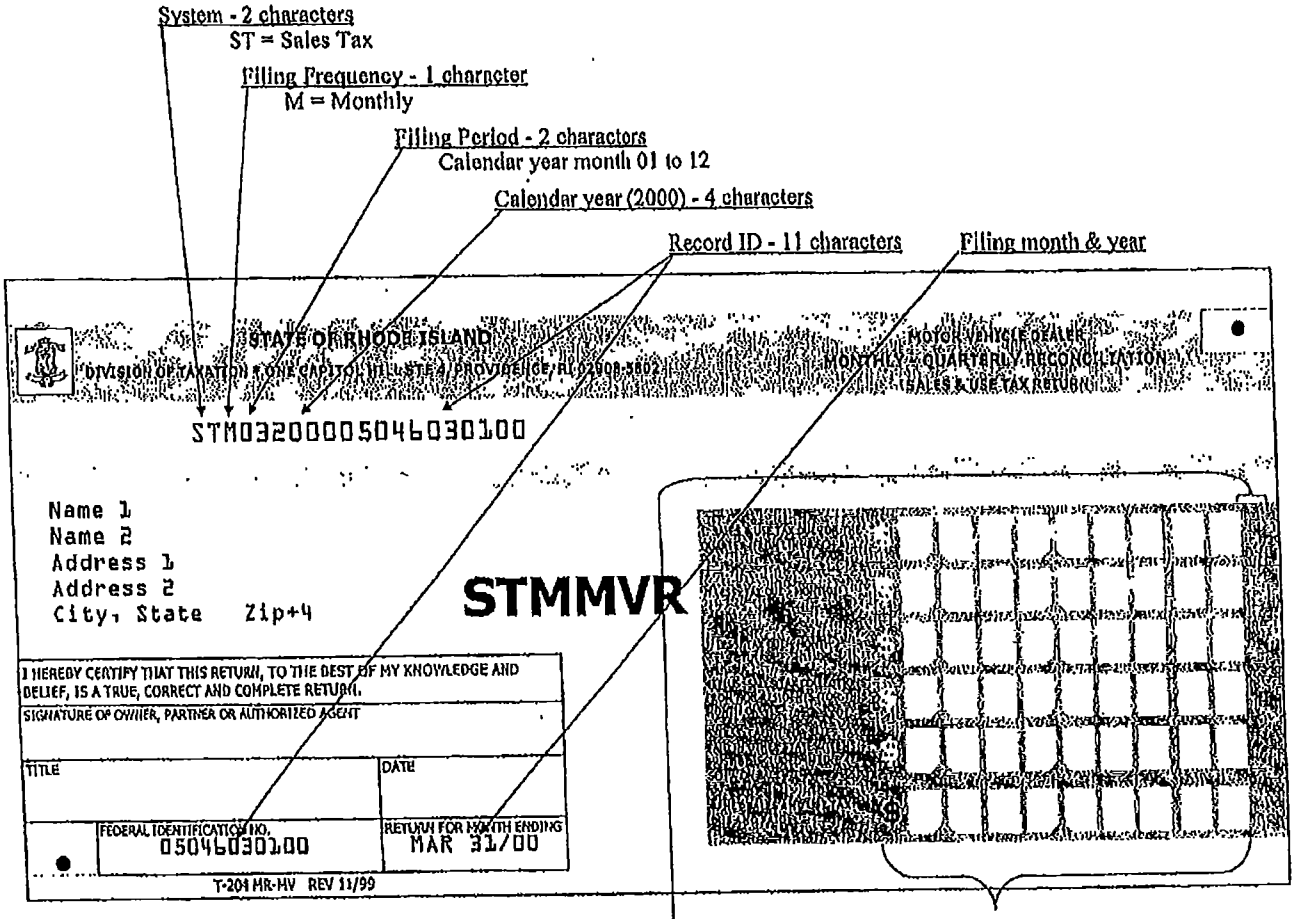
State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY RECONCILIATION (MOTOR VEHICLE) ONLY



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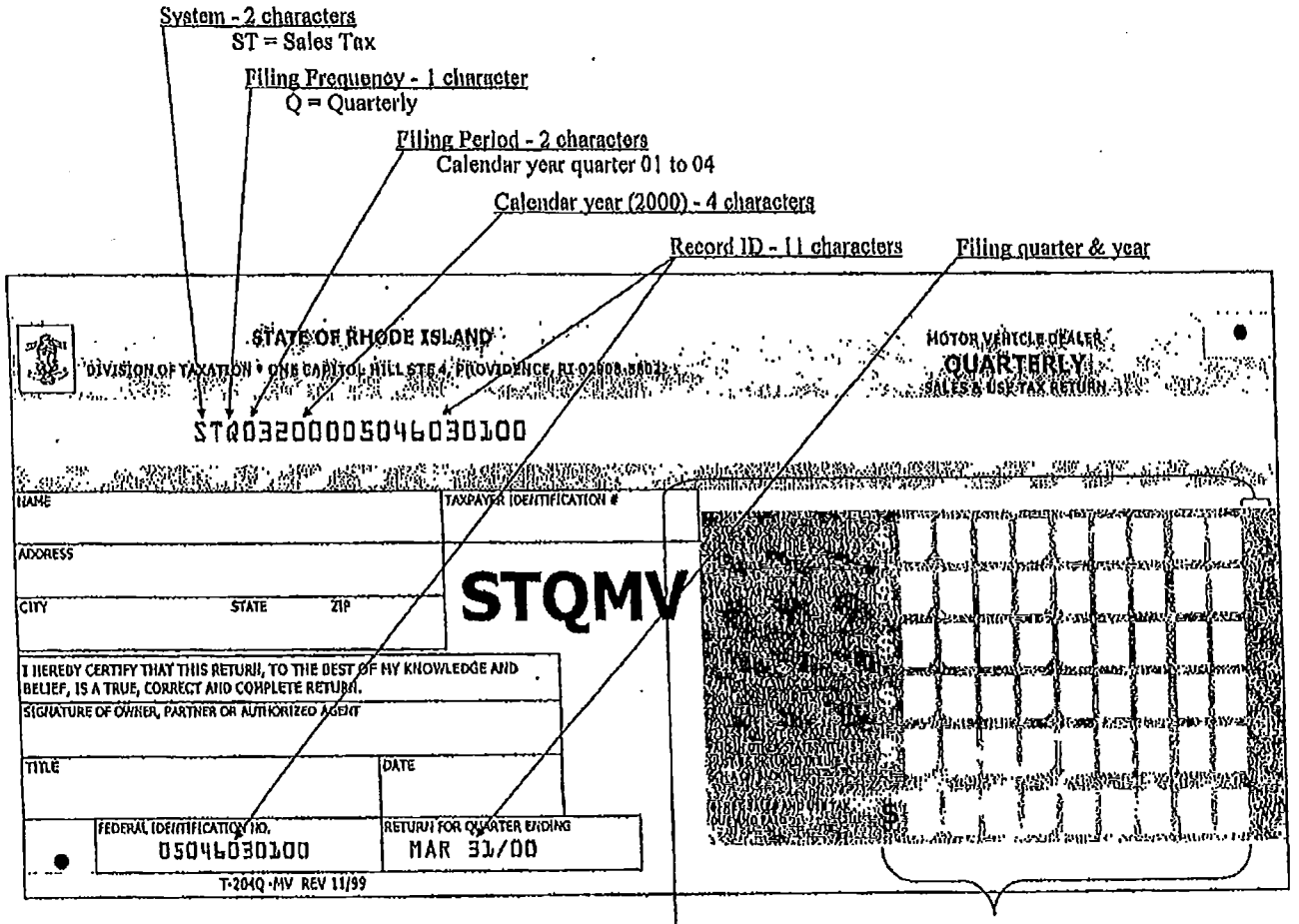
State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

QUARTERLY RECONCILIATION (MOTOR VEHICLE) ONLY



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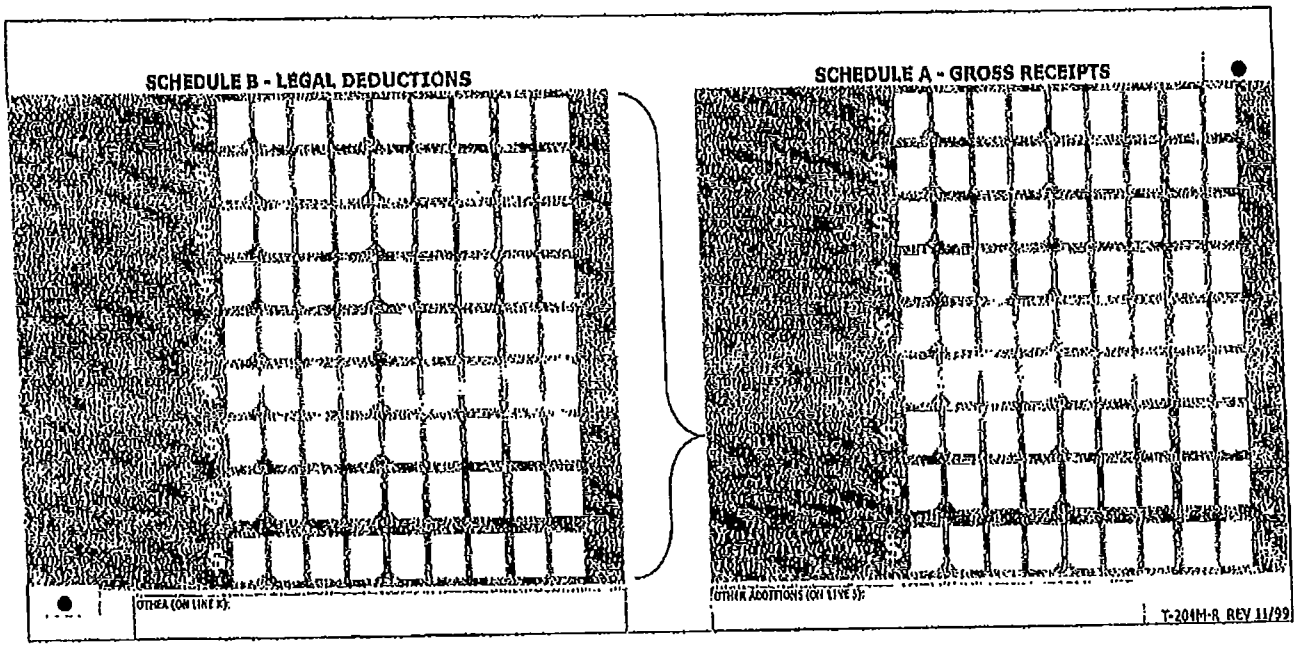
State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

(MOTOR VEHICLE) MONTHLY RECONCILIATION & QUARTERLY ONLY

BACK



ICR (Intelligent Character Recognition) LINE SPECIFICATIONS

The dollar signs and decimal points must be white.

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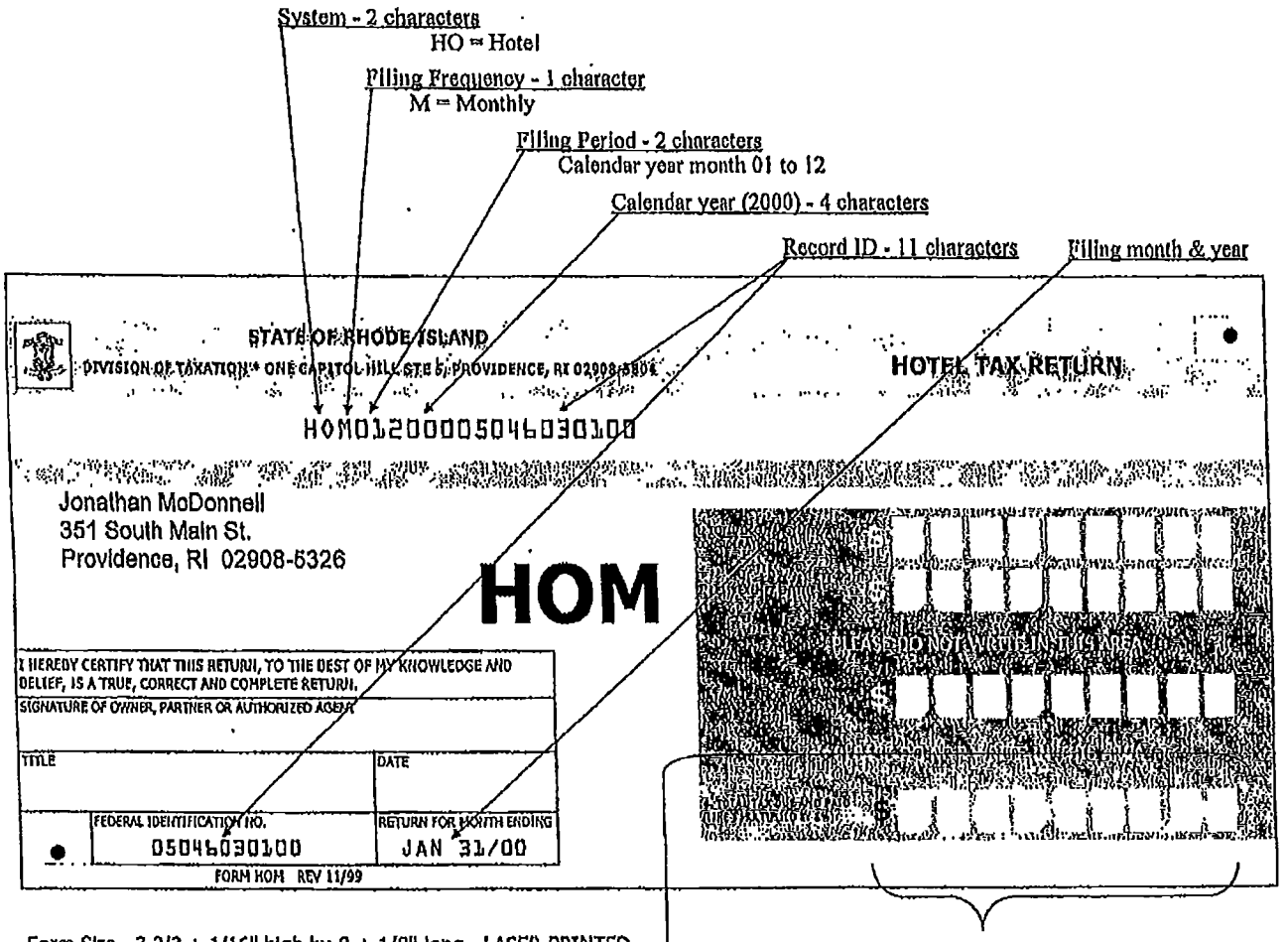
State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

HOTEL TAX FORM ONLY



Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HOTEL TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

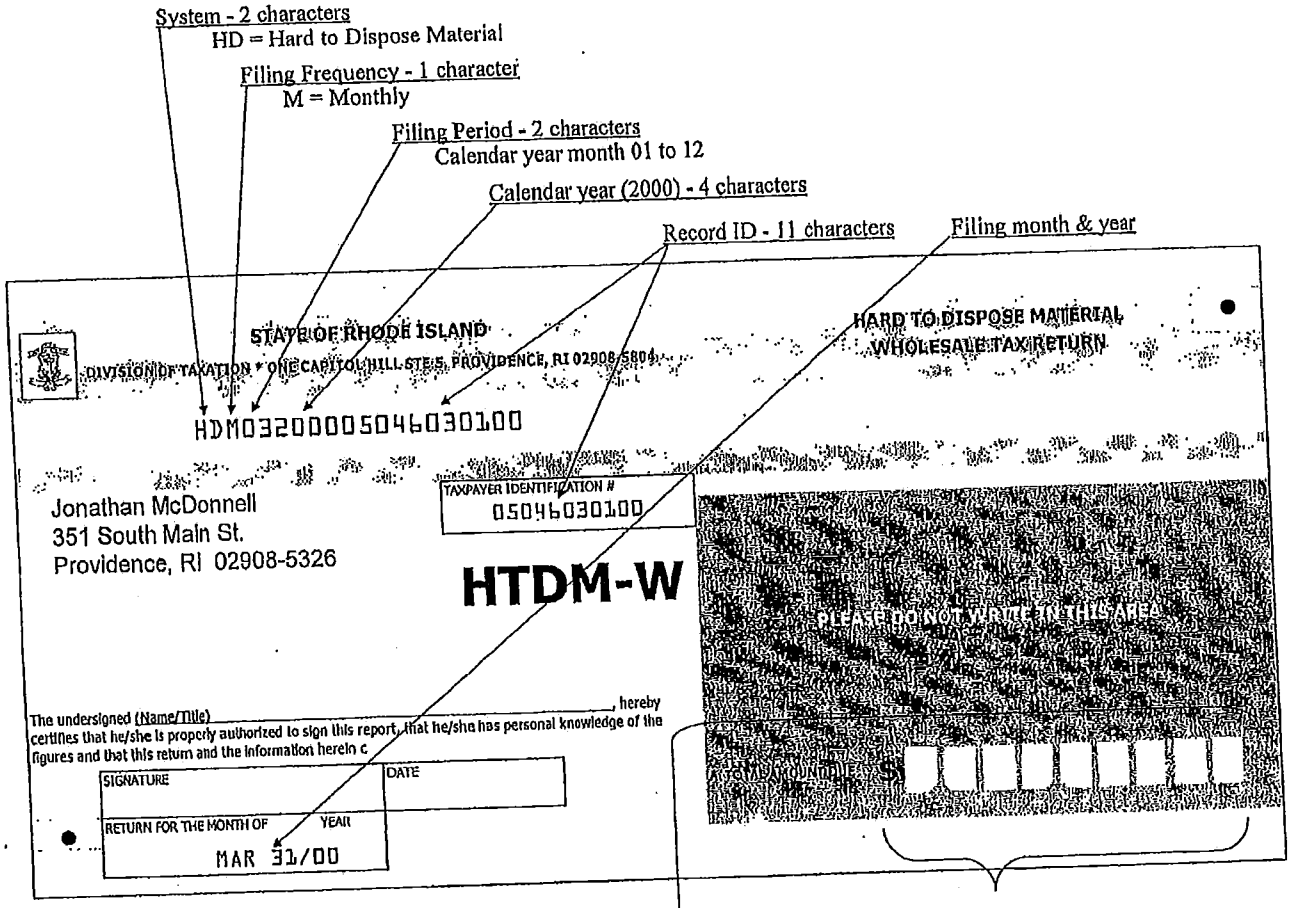
There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

HARD TO DISPOSE MATERIAL (WHOLESALE) ONLY



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Contract Terms and Conditions

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Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

MULTI YEAR AWARD

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

PURCHASE AGREEMENT BID

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. ORDERING (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

Mailing Address for Bid Proposals issued by the State of Rhode Island, Division of Purchases:

All Bid Proposals must be submitted to the following address:

State of Rhode Island

Department of Administration

Division of Purchases, 2nd Floor

One Capitol Hill

Providence, RI 02908

CLOTHING SAMPLES

IF SAMPLES ARE REQUESTED, THEY MUST BE PROVIDED WITHIN TEN (10) WORKING DAYS OF REQUEST DATE. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION OF BID.

BID ALL ITEMS

BIDDERS MUST BID ALL ITEMS TO BE CONSIDERED. AWARD WILL BE BASED ON TOTAL LOW.