



Internal Revenue Service

MEMORANDUM

Date: 12/20/2006

OMB NO. 1545-1432

To: Michael Robinson  
IT Policy and Management Office

From: Glenn P. Kirkland  
IRS Reports Clearance Officer SE:W:CAR:MP:T:T:SP

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Subject: IRS Submission for OMB Review

Attached is a submission for: Voluntary Customer Surveys to  
Implement EO-12862 (06-027).

Approval is needed by: January 6, 2007.

Received by \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_.

Date sent to OMB \_\_\_/\_\_\_/\_\_\_.

Please sign the duplicate copy of this memo and return to us.

1545-1432

Note to: Glenn P. Kirkland  
IRS Reports Clearance Office  
Tax Forms and Publication SE:W:CAR:MP:T:T:SP

From: Kevin Cecco  
Chief, Statistical Support Section  
Statistics of Income RAS:S:S:S

Subject: OMB Approval Request W&I Adjustments  
Study, 06-27

Attached is the documentation needed by the Office of Management and Budget for W&I Adjustments Study-06-027.  
The total estimated burden for this study is 407 hours.

If you have any questions regarding this project, please direct them to me at (202) 874-0464.

Attachments:  
Cover Memorandum to OMB  
OMB Form 83-C  
Clearance Request  
Attachments  
Survey

NOTE TO THE REVIEWER OF: OMB Clearance # 1545-1432

From: Kevin Cecco  
Chief, Statistical Support Section  
Statistics of Income RAS:S:S:S

Subject: OMB Approval Request for W&I Adjustments Study, 06-027

Please accept the enclosed materials for approval under the OMB Clearance package 1545-1432, "Customer Satisfaction". In accordance with our agreement with OMB, I am submitting a brief description of the study and the materials to be used in the study at least two weeks in advance of the start of the study.

The total estimated burden for this study is 407 hours.

If there are any questions regarding this project, please direct them to me at (202) 874-0464.

**PAPERWORK REDUCTION ACT  
CHANGE WORKSHEET**

|  |                       |  |
|--|-----------------------|--|
| Agency/Subagency<br><b>Department of the Treasury<br/>Internal Revenue Service</b> |                       | OMB Control Number<br><b>1 5 4 5 - 1 4 3 2</b> |
| <i>Enter only items that change</i>  |                       |  |
|  | <b>Current Record</b> | <b>New Record</b>                              |
| Agency form number(s)<br><b>Cognitive and Psychological Research</b>               |                       | <b>06-027</b>                                  |
| Annual reporting and recordkeeping hour burden                                     |                       |  |
| Number of respondents  |                       |  |
| Total annual responses   |                       |  |
| Percent of these responses collected electronically                                | %                     | %  |
| Total annual hours   |                       |  |
| Difference   |                       |  |
| Explanation of difference  |                       |  |
| Program Change   |                       |  |
| Adjustment   |                       |  |
| Annual reporting and recordkeeping cost burden (in thousands of dollars)           |                       |  |
| Total annualized Capital/Startup costs   |                       |  |
| Total annual costs (O&M)   |                       |  |
| Total annualized cost requested  |                       |  |
| Difference   |                       |  |
| Explanation of difference  |                       |  |
| Program change   |                       |  |
| Adjustment   |                       |  |
| <b>Other Change**</b><br><i>[Signature]</i> <i>12/20/06</i>                        |                       |  |
| Signature of Senior Official or designee:  | Date:                 | For OIRA Use                                   |
|  |                       | _____<br>_____<br>_____                        |

\*\*This form cannot be used to extend an expiration date.  
OMB 83-C

**OMB SUPPORTING STATEMENT FOR  
ACCOUNTS MANAGEMENT (ADJUSTMENTS) – CY07  
THE STUDY TO MEASURE CUSTOMER SATISFACTION  
OF IRS WAGE AND INVESTMENT DIVISION  
TIRNO-05-Z-00014**

**Introduction**

IRS has replaced its traditional measures of accomplishment with a balanced measurement system consisting of business results, customer satisfaction, and employee satisfaction. The Accounts Management sections within the Customer Accounts Services (CAS) Operating Unit (OU) of both the Wage and Investment (W&I) division will be responsible for responding to taxpayers' technical and account inquiries, resolving customer account issues, providing account settlement (payment options), and working related issues. As an important customer interface for Wage & Investment, Accounts Management will need feedback from customers (i.e., taxpayers) to continuously improve its operations. This initiative is part of the Service-wide effort to establish a system of balanced organizational performance measures mandated by the IRS Restructuring and Reform Act of 1998. This is also a result of Executive Order 12862, which requires all government agencies to survey their customers and incorporate customer preferences in their process improvement efforts.

This project has two primary goals: 1) to track customer satisfaction at the five W&I Accounts Management sites and nationwide; and 2) to identify operational improvements.

**Customer Satisfaction Survey**

The customer satisfaction survey is attached. Completion of the survey is expected to take approximately three minutes. The survey will be administered between January and December 2007.

The objective of the survey will be to gauge customer expectations and perceptions about the Accounts Management process. The questionnaire is based on the vendor's Net Impression methodology, which asks respondents to evaluate various aspects of their experience and to provide an overall summary evaluation. The questionnaire was developed based on inputs from a focus group with customers who had received correspondence from the IRS regarding their tax return or who had filed an amended return. The results should facilitate more effective management of W&I Accounts Management by:

- Providing insight from the customer's perspective about possible improvements.
- Providing useful input for program evaluation and execution at the programmatic and field office level of service delivery.

The survey will include several ratings questions evaluating service delivery during the Accounts Management process as well as several demographic items. In addition, ample space will be provided for suggestions for improvement.

Survey scoring for this contract will be based on the Customer Satisfaction Survey Score response average to the keystone question – “How would you rate your overall experience with the way your issue was handled?” Questions will utilize a 5-point rating scale, with 1 being very dissatisfied and 5 being very satisfied. All survey responses generated will be confidential. The vendor shall ensure that taxpayers responding to the survey are guaranteed anonymity.

### **Design and Methodology**

The sample universe will consist of taxpayers with closed cases controlled in IDRS. The vendor will select 6,667 taxpayers per quarter (stratifying by the ten W&I Accounts Management sites), resulting in a total of 1,000 completed questionnaires each quarter (100 per site) and 4,000 completed questionnaires per year (400 per site).

The vendor will administer the survey by mail on a monthly basis. Standard procedures will be used in order to obtain the highest response rate possible for the mail survey. These will include at a minimum: 1) an advance letter about the survey; 2) the initial survey with a cover letter; 3) a postcard reminder; and, 4) a second letter and survey to non-respondents.

The vendor will, on a quarterly basis, summarize the quantitative ratings and produce a national report showing customer satisfaction scores on all Accounts Management survey items and overall improvement priorities for the function. The vendor will deliver one national report each quarter and 10 site reports a year. The reports will contain individual site scores on each of the survey items and improvement priorities for the individual sites. The vendor will include any relevant database variables in the analysis and will weight the survey responses as necessary to reflect accurately the entire customer base.

Reports of survey findings will be distributed to the IRS each quarter. Each report will be delivered approximately five weeks after the survey cut-off date for the quarter.

### **Evaluation**

For the quarterly reports, the vendor will use basic and advanced statistical techniques including, but not limited to, analysis of variance and the prioritization of improvement priorities using vendor’s established technique.

- Survey counts and overall response rates for the local partners.
- The overall level of customer satisfaction with services provided by Accounts Management.
- The averages and frequencies for all ratings questions.
- The differences in satisfaction ratings and attitudes across customer segments.
- Which areas of service, in priority order, Accounts Management should focus its resources to improve overall satisfaction.
- Cross tabulations of variables for the customer surveys.
- Analysis of the relationship between survey responses.

- Analysis of the one open-ended question for improvement suggestions. The vendor shall transcribe and code the responses to the open-ended question and will conduct content analysis in order to provide Accounts Management with the top ten categories of concern.

### Estimates of the Burden of Data Collection

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The Accounts Management survey has been designed to minimize burden on the taxpayer. The time that a respondent takes to complete the survey has been carefully considered and only the most important areas are being surveyed. The average time of survey completion is expected to be 3 minutes. The questions are generally one sentence in structure and on an elementary concept level.

We have made every attempt in designing this survey to reach a 60% response rate. The total burden in hours is estimated to be 333 hours (4,000 completed surveys x 3 minutes + 2 minutes for the pre-notification letter). For non-respondents, the total number of burden hours is estimated to be 74.23 hours (2,227 surveys X 2 minutes for the pre-notification letter). The grand total is estimated to be 408 hours for the year.

### Privacy, Security, Disclosure and Confidentiality

All participants will be subject to the provisions of the Taxpayer Bill of Rights II during this study and the contractor will ensure that all participants are treated fairly and appropriately.

The security of the data used in this project and the privacy of taxpayers will be carefully safeguarded at all times. Security requirements are based on the Computer Security Act of 1987 and Office of Management and Budget Circular A-130, Appendices A & B. Physical security measures include a locked, secure office. Notes are stored in locked cabinets or shredded. Data security at the C-2 level is accomplished via the Windows NT operating system. Systems are password protected, users profiled for authorized use, and individual audit trails generated and reviewed periodically.

The IRS will apply and meet fair information and record-keeping practices to ensure privacy protection of all taxpayers. This includes criteria for disclosure—laid out in the Privacy Act of 1974, the Freedom of Information Act, and Section 6103 of the Internal Revenue Code—all of which provide for the protection of taxpayer information as well as its release to authorized recipients.

The survey will not contain tax return or taxpayer information. Survey participants will not be identified in any of the documents or files used for this project. We will limit and control the amount of information we collect to those items that are necessary to accomplish the research questions. We will carefully safeguard the security of data utilized as well as the privacy of the survey respondents. We will apply the fair information and record-keeping practices to ensure protection of all survey respondents. The criterion for disclosure laid out in the Privacy Act, the Freedom of Information Act, and section 6103 of the Internal Revenue Code provides for the protection of information as well as its releases to authorized recipients.

Deleted: **Estimates of the Burden of Data Collection**¶

¶ The Accounts Management survey has been designed to minimize burden on the taxpayer. The time that a respondent takes to complete the survey has been carefully considered and only the most important areas are being surveyed. The average time of survey completion is expected to be 3 minutes. The questions are generally one sentence in structure and on an elementary concept level. ¶

¶ We have made every attempt in designing this survey to reach a 60% response rate. The total burden in hours is estimated to be 333 hours (4,000 completed surveys x 3 minutes + 2 minutes for the pre-notification letter). For non-respondents, the total number of burden hours is estimated to be 74.23 hours (2,227 surveys X 2 minutes for the pre-notification letter). The grand total is estimated to be 408 hours for the year.¶

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## **Other Information**

The estimated cost associated with this study is \$114,975

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The following information will be provided to Human Capital Office within 60 days after the close of the survey data collection operations:

- Findings: A brief summary of significant findings that were evidenced in the results.
- Actions taken or lessons learned: A brief summary of any action taken or lessons learned as a result of the findings.
- Number of completed questionnaires

## **Statistical Contact**

For questions regarding the study or questionnaire design or the statistical methodology, contact:

Elaine Lowitz  
Pacific Consulting Group  
399 Sherman Avenue, Suite 1  
Palo Alto, California 94306  
(650) 327-8108





DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA, GA 30308

WAGE AND INVESTMENT DIVISION

36148060100447200601

November 20, 2006

13257F 0000001 \*\*\*\*\*MIXED AADC 166  
JOHN Q & MARY Q SAMPLE  
SAMPLE ADDRESS 1  
SAMPLE ADDRESS 2  
SAMPLE ADDRESS 3  
SAMPLE ADDRESS 4  
SAMPLE ADDRESS 5  
ANYTOWN, US 12345-6789



Dear JOHN Q & MARY Q SAMPLE:

I need your help with an important initiative I am undertaking to improve our service to America's taxpayers. I want to get feedback from taxpayers like you who have had correspondence with the IRS regarding their tax return or who have filed an amended return.

In a few days, you will receive a questionnaire asking your opinions about the process of resolving such issues with the IRS. Please direct it to the person who had the most contact with the IRS on this matter. The questionnaire should take less than 5 minutes to complete. Your answers will be combined with others to give us an evaluation on customer satisfaction with IRS service.

To keep all replies confidential, we have asked an independent research company to administer the survey. The survey processing center employees will process the questionnaires and report only statistical totals to us.

I am committed to improving IRS service to every taxpayer. Please help me in this effort by completing and returning the questionnaire as soon as possible. If you do not receive a questionnaire, please contact our Survey Processing Center at 1-866-377-8208.

Sincerely yours,

Susan W. Carroll  
Director, Accounts Management  
Wage & Investment Division

**Survey Processing Center**  
Post Office Box 344  
Claysburg, PA 16625-0344

## Do We Have Your Input Yet?

Recently, you received a questionnaire asking your opinions about the service you received from the IRS in a recent contact. If you have already completed and returned the questionnaire, please accept our sincere thanks. If not, please take a few minutes to complete it and return it today. We want to be sure we have your opinions and suggestions.

If you did not receive the questionnaire, or it got misplaced, please call 1-866-377-8208.

Dr. Peter H. Webb  
Project Director

## **Appendix E**

### **Adjustments Questionnaire**

# Adjustments Questionnaire—Front



OMB # 1545-0042

## IRS WAGE AND INVESTMENT CUSTOMER SATISFACTION SURVEY ACCOUNTS MANAGEMENT/ADJUSTMENTS

The IRS is trying to improve its service to the public. You can help in this important mission by answering the questions below. This voluntary survey should take less than five minutes to complete. Your responses will be kept completely confidential. Please mark your response with an 'x' using a blue or black pen like this example . Do not mark outside of the response area like this example . If you have questions about this survey, you may call The Survey Processing Center at 1-866-377-8208.

**1** The questions that follow ask your opinion regarding recent correspondence or an amended return you have sent to the IRS regarding a tax matter. For each question, regardless of whether you agree or disagree with the final outcome, please indicate your level of satisfaction by choosing a number from 1 to 5, where 1 means "Very Dissatisfied" and 5 means "Very Satisfied."

|  | Very Dissatisfied        | 1                        | 2                        | 3                        | 4                        | 5                        | Very Satisfied           | Don't Know/No opinion    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Ease of understanding the information supplied by the IRS               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Appropriateness of the tone of IRS correspondence concerning your issue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Completeness of information you received for resolving your issue       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Time given you to respond to the IRS                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Appropriateness of the information you had to provide                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Ease of getting more information about your issue                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Keeping you informed about the status of your case                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Keeping you informed about the status of your case                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If 'a' or 'g' rating, did you give this item a low rating?*

**i.** Evaluation regarding the resolution of your issue

1. Length of time it took to resolve the issue

*If 'a' or 'g' rating, did you give this item a low rating?*

**j.** Regardless of whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the way your issue was handled?

k. Fairness of treatment by the IRS

**2** Did you write or send an amended return to the IRS because the IRS sent you a notice or a letter?

Yes  No

**3** Have you contacted the IRS about this issue before?

Yes  No — *If you have NOT contacted the IRS about this issue before, please SKIP TO QUESTION 6.*

**4** What method(s) did you use to contact the IRS about this issue? *Please mark all that apply.*

E-mail  In person

Mail  Other

Toll-Free line

**5** How would you rate the level of service received from this contact versus previous contacts?

Better  Worse

The same

# Adjustments Questionnaire-Back

**6** What would be your preferred method of contacting the IRS about similar issues? (Please mark only one.)

E-mail  
 Mail  
 Toll-free line  
 In person  
 Other

Why do you prefer that method?

**7** How many days elapsed between the time you submitted this correspondence or amended return and the time you received a reply?

Less than 15 days  
 15-29 days  
 30-44 days  
 45-60 days  
 Over 60 days  
 Did not receive a reply

**8** What is a reasonable time frame to wait for the IRS to respond to your issue?

Less than 15 days  
 15-29 days  
 30-44 days  
 45-60 days  
 Over 60 days

**9** Was your issue with the IRS completely resolved?

Yes  
 No  
 Not sure

If your issue was not resolved, or you are unsure, why do you believe your issue has not been completely resolved?

**10** Did you agree with the outcome of your issue?

Yes  
 No  
 Not sure

Did you...?

Use a tax professional to assist you with resolving your issue  
 Represent yourself  
 Other

**11** Please mark the topic that best describes your principal issue.

Status of refund  
 Status of payment  
 Penalty/interest charges  
 Earned income credit  
 Exemptions/Dependents  
 Name/Address changes  
 Credits (child care, education)  
 Other changes to original return  
 Other

**12** Use this space for comments, or suggestions for improvement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have been unable to resolve any specific problems with you tax matter through the normal IRS channels, or how face a significant hardship due to the application of the tax law, we encourage you to contact the Taxpayer Advocate Service at 1-877-777-4778.

The Paperwork Reduction Act requires that the IRS reply on OMB control number on all public information requests. The OMB Control Number for this reply is 1545-0047. Also, if you have any comments regarding the time estimate associated with this reply, or suggestions on making the process simpler, please write to the IRS Tax Problem Solving Committee, Taxpayer Advocate Center, Atlanta, Georgia, GA 30389.

**Thank you for completing the survey.**

**Please return the questionnaire by mail, using the enclosed business return envelope.**

Form 13257F (Rev. 03-2004)

Department of the Treasury Internal Revenue Service

Car No. 36148R

## **Appendix E**

### **Adjustments Questionnaire**

# Adjustments Questionnaire—Front



QJIB-1-93-1432

## IRS WAGE AND INVESTMENT CUSTOMER SATISFACTION SURVEY ACCOUNTS MANAGEMENT/ADJUSTMENTS

The IRS is trying to improve its service to the public. You can help in this important mission by answering the questions below. This voluntary survey should take less than five minutes to complete. Your responses will be kept completely confidential. Please mark your responses with an 'x' using a blue or black pen like this example . Do not mark outside of the response area like this example . If you have questions about this survey, you may call The Survey Processing Center at 1-866-377-8208.

**1** The questions that follow ask your opinion regarding recent correspondence or an awarded return you have sent to the IRS regarding a tax matter. For each question, regardless of whether you agree or disagree with the final outcome, please indicate your level of satisfaction by choosing a number from 1 to 5, where 1 means "Very Dissatisfied" and 5 means "Very Satisfied."

|  | Very Dissatisfied        | 1                        | 2                        | 3                        | 4                        | 5                        | Very Satisfied           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Ease of understanding the information supplied by the IRS               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Appropriateness of the tone of IRS correspondence concerning your issue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Completeness of information you received for resolving your issue       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Time given you to respond to the IRS                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Appropriateness of the information you had to provide                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Ease of getting more information about your issue                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Keeping you informed about the status of your case                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If 1 or 2 rating, why did you give this item a low rating?*

**h.** Explanation regarding the resolution of your issue

**i.** Length of time it took to resolve the issue

*If 1 or 2 rating, why did you give this item a low rating?*

**j.** Regardless of whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the way your issue was handled?

**k.** Fairness of treatment by the IRS

**2** Did you write or send an amended return to the IRS because the IRS sent you a notice or a letter?

Yes  No

**4** What method(s) did you use to contact the IRS about this issue? (Please mark all that apply.)

E-mail  In person  Mail  Other  Toll-free line

**3** Have you contacted the IRS about this issue before?

Yes  No

**5** How would you rate the level of service received from this contact versus previous contacts?

Better  The same  Worse

*No - If you have NOT contacted the IRS about this issue before, please SKIP TO QUESTION 6.*



# Adjustments Questionnaire—Back

**6** What would be your preferred method of contacting the IRS about similar issues? (Please mark only one)

E-mail  
 Mail  
 Toll-free line  
 In person  
 Other

Why do you prefer that method?

**7** How many days elapsed between the time you submitted this correspondence or amended return and the time you received a reply?

Less than 15 days  
 15-29 days  
 30-44 days  
 45-60 days  
 Over 60 days  
 Did not receive a reply

**8** What is a reasonable time frame to wait for the IRS to respond to your issue?

Less than 15 days  
 15-29 days  
 30-44 days  
 45-60 days  
 Over 60 days

**9** Was your issue with the IRS completely resolved?

Yes  
 No  
 Not sure

If your issue was not resolved, or you are unsure, why do you believe your issue has not been completely resolved?

**10** Did you agree with the outcome of your issue?

Yes  
 No  
 Not sure

Did you...?

Use a tax professional to assist you with resolving your issue  
 Represent yourself  
 Other

**11** Please mark the topic that best describes your principal issue.

Status of refund  
 Status of payment  
 Penalty/Interest charges  
 Earned income credit  
 Exemptions/Dependents  
 Name/Address changes  
 Credits (child care/education)  
 Other changes to original return  
 Other

**12** Use this space for comments, or suggestions for improvement.

If you have been unable to resolve any specific problems with your tax matter through the normal IRS channels, or now face a significant hardship due to the application of the tax law, we encourage you to contact the Inquiry Advocate Service at 1-800-829-4478.

*Paperwork Reduction Act Notice*  
 The Paperwork Reduction Act requires that the IRS display an OIG control number on all public information requests. The OIG Control Number for this form is 1545-1455. Also, if you have any comments regarding the time consumed associated with this form, or suggestions on making this process simpler, please write to the IRS Tax Products Coordinating Committee, Region Area Distribution Center, Rancho Cordón, CA 95743-0899.

**Thank you for completing the survey.**  
**Please return the questionnaire by mail, using the enclosed business return envelope.**

Form 13257E (Rev. 03-2004) Cat. No. 3514BR

# Survey Processing Center

PO Box 344  
Claysburg, PA 16625 USA

December 5, 2006

13257F 0000001 \*\*\*\*\*MIXED AADC 166  
JOHN Q & MARY Q SAMPLE  
SAMPLE ADDRESS 1  
SAMPLE ADDRESS 2  
SAMPLE ADDRESS 3  
SAMPLE ADDRESS 4  
SAMPLE ADDRESS 5  
ANYTOWN, US 12345-6789



Dear JOHN Q & MARY Q SAMPLE:

A few days ago you received a letter from Susan W. Carroll, Director, Accounts Management, asking for your help with an important research project.

We are administering a nationwide survey among people who have had contact with the Internal Revenue Service (IRS). We want to know your opinions about the process of corresponding with the IRS regarding your tax return or filing an amended return. Your responses are critical to the accuracy of this research.

We are sending questionnaires to a random sample of taxpayers who have had such issues. All responses are confidential, and your participation is voluntary. We will group your responses with others, so that no individual reply can be traced back to an individual.

The questionnaire is quite brief and should take less than five minutes to complete. Please use the postage-paid reply envelope to return your completed questionnaire. If you have any questions or concerns, please feel free to call the Survey Helpline at 1-866-377-8208.

The IRS is committed to improving its performance and service to the American public. The first step in this process is to gather reliable information from those who have had contact with IRS services and employees. Your honest opinions will help bring about these changes.

Sincerely,

A handwritten signature in cursive script that reads "Peter Webb".

Dr. Peter Webb  
Project Director



# IRS WAGE AND INVESTMENT CUSTOMER SATISFACTION SURVEY ACCOUNTS MANAGEMENT/ADJUSTMENTS

The IRS is trying to improve its service to the public. You can help in this important mission by answering the questions below. This voluntary survey should take less than five minutes to complete. Your responses will be kept completely confidential. Please mark your responses with an 'x' using a blue or black pen like this example . Do not mark outside of the response area like this example . If you have questions about this survey, you may call The Survey Processing Center at 1-866-377-8208.

The questions that follow ask your opinion regarding recent correspondence or an amended return you have sent to the IRS regarding a tax matter. For each question, *regardless of whether you agree or disagree with the final outcome*, please indicate your level of satisfaction by choosing a number from 1 to 5, where 1 means "Very Dissatisfied" and 5 means "Very Satisfied." If the question does not apply to your situation, mark the box labeled "Don't Know/Not Applicable."

**1** How satisfied are you with the:

|  | Very Dissatisfied        |                          |                          |                          | Very Satisfied           | Don't know/Not applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
|  | 1                        | 2                        | 3                        | 4                        | 5                        |                           |
| a. Ease of understanding the information supplied by the IRS. ....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| b. Appropriateness of the tone of IRS correspondence concerning your issue. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| c. Completeness of instructions you received for resolving your issue. ....      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| d. Time given you to respond to the IRS. ....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| e. Appropriateness of the information you had to provide. ....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| f. Ease of getting more information about your issue. ....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |
| g. Keeping you informed about the status of your case. ....                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  |

*If 1 or 2 rating: Why did you give this item a low rating?*

|   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| h. Explanation regarding the resolution of your issue. .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Length of time it took to resolve the issue. ....        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If 1 or 2 rating: Why did you give this item a low rating?*

|  |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| j. Fairness of treatment by the IRS. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Regardless of whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the way your issue was handled? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2** Did you write or send an amended return to the IRS because the IRS sent you a notice or a letter?

- Yes
- No

**4** What method(s) did you use to contact the IRS about this issue? (Please mark all that apply.)

- E-mail
- Mail
- Toll-Free line
- In person
- Other

**3** Have you contacted the IRS about this issue before?

- Yes
- No → (If you have NOT contacted the IRS about this issue before, please SKIP TO QUESTION 6.)

**5** How would you rate the level of service received from this contact versus previous contacts?

- Better
- Worse
- The same



**6** How many days elapsed between the time you submitted this correspondence or amended return and the time you received a reply?

- Less than 15 days
- 15-29 days
- 30-44 days
- 45-60 days
- Over 60 days
- Did not receive a reply

**7** What is a reasonable time frame to wait for the IRS to respond to your issue?

- Less than 15 days
- 15-29 days
- 30-44 days
- 45-60 days
- Over 60 days

**8** Was your issue with the IRS completely resolved?

Yes

In how many months?

No

Not sure (Skip to Question 9)

► How many months has it been in process?

**8a** If your issue was not resolved, why do you believe your issue has not been completely resolved?

**9** Did you agree with the outcome of your issue?

- Yes
- No
- Not sure

**10** Did you . . . ?

- Use a tax professional to assist you with resolving your issue
- Represent yourself
- Other

**11** Please mark the topic that best describes your main issue.

- Status of refund
- Status of payment
- Penalty/Interest charges
- Earned income credit
- Exemptions/Dependents
- Name/Address changes
- Credits (child care, education)
- Other changes to original return
- Other

**12** Use this space for comments, or suggestions for improvement.

If you have been unable to resolve any specific problems with your tax matter through the normal IRS channels, or now face a significant hardship due to the application of the tax law, we encourage you to contact the Taxpayer Advocate Service at 1-877-777-4778.

*Paperwork Reduction Act Notice*

*The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1432. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to the: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224*

**Thank you for completing the survey.**

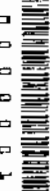
**Please return the questionnaire by mail, using the enclosed business return envelope.**

# Survey Processing Center

PO Box 344  
Claysburg, PA 16625 USA

January 26, 2006

13257F 0000001 \*\*\*\*\*MIXED AADC 166  
JOHN Q & MARY Q SAMPLE  
SAMPLE ADDRESS 1  
SAMPLE ADDRESS 2  
SAMPLE ADDRESS 3  
SAMPLE ADDRESS 4  
SAMPLE ADDRESS 5  
ANYTOWN, US 12345-6789



Dear JOHN Q & MARY Q SAMPLE:

A few days ago you received a survey from Susan W. Carroll, Director, Accounts Management, asking for your help with an important research project. So far, we have not received your completed questionnaire. If you have not already done so, please take a few minutes to fill in your responses.

We are administering a nationwide survey among people who have had contact with the Internal Revenue Service (IRS). We want to know your opinions about the process of corresponding with the IRS regarding your tax return or filing an amended return. Your responses are critical to the accuracy of this research.

We are sending questionnaires to a random sample of taxpayers who have had such issues. All responses are confidential, and your participation is voluntary. We will group your responses with others, so that no individual reply can be traced back to an individual.

The questionnaire is quite brief and should take less than five minutes to complete. Please use the postage-paid reply envelope to return your completed questionnaire. If you have any questions or concerns, please feel free to call the Survey Helpline at 1-866-377-8208.

The IRS is committed to improving its performance and service to the American public. The first step in this process is to gather reliable information from those who have had contact with IRS services and employees. Your honest opinions will help bring about these changes.

Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Peter Webb".

Dr. Peter Webb  
Project Director



# IRS WAGE AND INVESTMENT CUSTOMER SATISFACTION SURVEY ACCOUNTS MANAGEMENT/ADJUSTMENTS

The IRS is trying to improve its service to the public. You can help in this important mission by answering the questions below. This voluntary survey should take less than five minutes to complete. Your responses will be kept completely confidential. Please mark your responses with an 'x' using a blue or black pen like this example **X**. Do not mark outside of the response area like this example **X**. If you have questions about this survey, you may call The Survey Processing Center at 1-866-377-8208.

The questions that follow ask your opinion regarding recent correspondence or an amended return you have sent to the IRS regarding a tax matter. For each question, *regardless of whether you agree or disagree with the final outcome*, please indicate your level of satisfaction by choosing a number from 1 to 5, where 1 means "Very Dissatisfied" and 5 means "Very Satisfied." If the question does not apply to your situation, mark the box labeled "Don't Know/Not Applicable."

|   | Very<br>Dissatisfied     |                          |                          |                          | Very<br>Satisfied        | Don't<br>know/Not<br>applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
|   | 1                        | 2                        | 3                        | 4                        | 5                        |                                 |
|   | ▼                        | ▼                        | ▼                        | ▼                        | ▼                        | ▼                               |
| <b>1</b> How satisfied are you with the:  |                          |                          |                          |                          |                          |                                 |
| a. Ease of understanding the information supplied by the IRS. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| b. Appropriateness of the tone of IRS correspondence concerning your issue. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| c. Completeness of instructions you received for resolving your issue. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| d. Time given you to respond to the IRS. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| e. Appropriateness of the information you had to provide. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| f. Ease of getting more information about your issue. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| g. Keeping you informed about the status of your case. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <i>If 1 or 2 rating: Why did you give this item a low rating?</i>   |                          |                          |                          |                          |                          |                                 |
|   |                          |                          |                          |                          |                          |                                 |
| h. Explanation regarding the resolution of your issue. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| i. Length of time it took to resolve the issue. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| <i>If 1 or 2 rating: Why did you give this item a low rating?</i>   |                          |                          |                          |                          |                          |                                 |
|   |                          |                          |                          |                          |                          |                                 |
| j. Fairness of treatment by the IRS. ....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
| k. Regardless of whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the way your issue was handled? .... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |

**2** Did you write or send an amended return to the IRS because the IRS sent you a notice or a letter?

Yes

No

**4** What method(s) did you use to contact the IRS about this issue? (Please mark all that apply.)

E-mail  In person

Mail  Other

Toll-Free line

**3** Have you contacted the IRS about this issue before?

Yes

No → (If you have NOT contacted the IRS about this issue before, please SKIP TO QUESTION 6.)

**5** How would you rate the level of service received from this contact versus previous contacts?

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Worse

The same



**6** How many days elapsed between the time you submitted this correspondence or amended return and the time you received a reply?

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- Over 60 days

**8** Was your issue with the IRS completely resolved?

Yes   
**In how many months?**

- No
- Not sure (Skip to Question 9)

▶ **How many months has it been in process?**

**8a** If your issue was not resolved, why do you believe your issue has not been completely resolved?

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