FINAL 1/16/2008 OMB # 1545-1432

IRS SMALL BUSINESS/SELF-EMPLOYED CUSTOMER SATISFACTION SURVEY COLLECTION

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. When completing this survey, please mark your responses with an 'x' using a blue or black pen like this example \square . Do not mark outside of the response area like this example \square . Your responses will be kept completely confidential, and no one at the IRS will see your completed questionnaire. If you have any questions about this survey, you may call The Survey Processing Center at 1-866-377-8208.

We want to ask you very specifically about the contacts you had with a Collection revenue officer—not about all of your contacts with the IRS.

1. The questions that follow ask your opinion regarding your experience working with the revenue officer assigned to your case from our local IRS office. For each question, regardless of whether you agree or disagree with the final case outcome, please indicate your opinion by choosing a number from 1 to 5, where 1 means "Very Dissatisfied" and 5 means "Very Satisfied."

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_	Again, focusing on your experience working with the revenue officer assigned to your case from the local IRS office, how satisfied are you with:							
	Ease of understanding correspondence from your assigned revenue officer.	1	2	3	4	5		
b.	Ease of contacting your assigned revenue officer.	1	2	3	4	5		
c.	Amount of time your revenue officer took to respond to you.	1	2	3	4	5		
d.	Courtesy and professionalism of your assigned revenue officer.	1	2	3	4	5		
e.	Explanation of the collection process by your revenue officer.	1	2	3	4	5		
f.	Explanation of what would happen if you did not comply.	1	2	3	4	5		
g.	Acknowledging receipt of the information you submitted.	1	2	3	4	5		
h.	Consideration given to the information you submitted.	1	2	3	4	5		
i.	Explanation of payment options that may be available to you.	1	2	3	4	5		
j.	Flexibility of your revenue officer in resolving the issue.	1	2	3	4	5		
k.	Keeping you up-to-date on your field collection process.	1	2	3	4	5		
l.	Notifying you of case closure.	1	2	3	4	5		
m.	Amount of time you had to spend on this collection issue.	1	2	3	4	5		
n.	Fairness of treatment by your revenue officer.	1	2	3	4	5		
2.	Regardless of whether you agree or disagree with the final case outcom how would you rate your overall satisfaction with your experience working with the revenue officer assigned to your case from the local IRS office?	i e, 1	2	3	4	5		
3. How many IRS revenue officers contacted you regarding this case? Officers								

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4. Are you	
[] The taxpayer?[] A tax professional who represe	ented the taxpayer? - <i>Skip to box after Q6</i> . I the taxpayer? - <i>Skip to box after Q6</i> .
5. If you are the taxpayer, did you use a case with the IRS? [] Yes [] No [] Don't recall	tax professional to assist you in handling your Collection
[] Your IRS revenue officer[] Your tax professional> How	rmation regarding the status of your Collection case? satisfied are you with your tax professional keeping you ulate on your field collection process? 1 2 3 4 5
small monetary incentive to participate departicipating in future research, please pro	epth IRS-research. Research participants may receive a epending on the research. If you are interested in ovide us with your telephone number, best time of day to . This information will not be shared with the IRS and will search.
Telephone #:	Best time to call:
Email address:	
•	ecific problems with your tax matter through the normal ardship due to the application of the tax law, we encourage rvice at 1-877-777-4778.
7. Use this space for comments or sug	gestions for improvement.
	ork 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.