

IRS WAGE AND INVESTMENT DIVISION CUSTOMER SATISFACTION SURVEY INJURED SPOUSE

Please provide the IRS with your feedback on the Injured Spouse Allocation Process so the IRS can provide better service in the future. Your participation is voluntary and your responses are strictly confidential. If you have any questions about this survey, you may call The Survey Processing Center at 1-866-377-8208.

1 The questions below ask your opinions regarding the Injured Spouse Process. For each question, regardless of whether you agree or disagree with the final outcome, please indicate your response by choosing a number from 1 to 5, where 1 means "Very Dissatisfied" and 5 means "Very Satisfied."

	Very Dissatisfied				Very Satisfied	Don't know/Not applicable
	1	2	3	4	5	
a. Ease of finding out about the Injured Spouse Program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ease of getting information about your injured spouse allocation issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ease of understanding and completing the Form 8379, <i>Injured Spouse Allocation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting through to the right IRS employee by phone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Courtesy and professionalism of IRS employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ease of collecting information requested by the IRS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Time you were given to respond to the IRS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Amount of time you spent on this allocation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fairness of treatment by the IRS employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Level of service received from the IRS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Length of time to resolve your Injured Spouse Allocation issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are dissatisfied with any of the above statements (gave a 1 or 2 rating), please explain why.

2 Did you contact the IRS to receive instruction on the preparation for the Injured Spouse Allocation? Yes No

If yes, please rate your satisfaction with the following items:

	Very Dissatisfied				Very Satisfied	Don't know/Not applicable
a. Ease of understanding the information supplied by IRS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Completeness of the instructions you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 When you received resolution, did you contact IRS for an explanation? Yes No

If yes, please rate your satisfaction with the following item:

	Very Dissatisfied				Very Satisfied	Don't know/Not applicable
a. Explanation of your case resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on back

4 Was all or part of your allocation denied?

Yes No

If yes, please rate your satisfaction with the following item:

a. Ease of understanding the letter explaining the outcome of your allocation

Very Dissatisfied					Very Satisfied	Don't know/Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Regardless of whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the service received from the IRS about your Injured Spouse Allocation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6 How did you find out about the possibility of obtaining Injured Spouse Relief? (Check all that apply)

- IRS Customer Service Representative
- IRS Taxpayer Advocate Office
- IRS website
- Friend/colleague
- Lawyer or legal counsel
- Tax professional
- Other – specify _____

7 Where did you obtain the forms and instructions for filing your allocation? (Check all that apply)

- IRS via telephone
- IRS office
- IRS website
- Lawyer or legal counsel
- Tax professional
- Other – specify _____

8 Which of the following methods did you use to contact the IRS? (Check all that apply)

- IRS Toll-Free Customer Service number
- IRS number listed on the letter I received
- IRS website
- Local IRS office by phone
- Local IRS office in person
- Mail
- Through tax professional
- Other – specify _____

9 From the time you filed the Injured Spouse Allocation to resolution, did you contact the IRS for resolution status?

Yes

No

If yes, how many times did you contact the IRS regarding your Injured Spouse Allocation?

- 1
- 2
- 3
- More than 3

10 Which of the following methods do you prefer to use when contacting the IRS? (Check all that apply)

- IRS Toll-Free Customer Service number
- IRS number listed on the letter I received
- IRS website
- Local IRS office by phone
- Local IRS office in person
- Mail
- Through tax professional
- Other – specify _____

11 Who prepared your Form 8379 Injured Spouse Allocation? (Check only one response)

- Self
- Paid Tax Professional
- Volunteer Income Tax Assistance (VITA)
- Friend/Relative
- IRS Office

12 Which of the following statements best describes you? (Check only one response)

- I am the taxpayer
- I am a tax professional who represented the taxpayer
- I am someone else who represented the taxpayer

13 Use this space for comments, or suggestions for improvement.

Occasionally, we conduct in-depth research. Research participants may receive a small monetary incentive to participate depending on the study. If you are interested in participating in future research, please provide us with your telephone number, best time of day to call, and your email address (if available). This information is confidential and will only used only for the purpose of survey research.

Telephone #: _____ Best time to call: _____
Email address: _____

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.**