

IRS Customer Satisfaction Exempt Organization Compliance Unit Compliance Check Contact

The IRS is trying to improve its service to the public. You can help this important mission by answering the questions below. This voluntary survey takes about three minutes to complete. Your responses will be confidential and only reported in the aggregate. Simply fill in the appropriate numbered square on the scale next to the response that best applies to you.

The questions that follow ask your opinion regarding your most recent IRS exempt organizations compliance contact. For each question, *regardless of whether you agree or disagree with the final outcome*, please indicate your opinion by marking a number from 1 to 7, where 1 means "*Very Dissatisfied*" and 7 means "*Very Satisfied*.

How would you rate your satisfaction with the following?		Very Dissatisfied	Very Satisfied	Not Applicable
		1 2 3 4	5 6 7	
The ease of understanding the content of the letter				
2. The topic addressed in the letter applied to your organization				
3. The ease of finding an IRS contact telephone number				
4. The person with whom you spoke was knowledgeable about of the topic of the lette	r			
5. The time given to you to respond to IRS's additional request(s)				
6. The amount of time you had to spend responding to the IRS's additional request(s)				
7. The timeliness of the IRS's response to any questions you had				
8. The information you were asked to provide was reasonable				
9. The consideration given to the information you provided				
 The ease of using the toll-free number and/or the TEGE Exempt Organization e-ma address 	il			
11. Overall, how satisfied are you with the way your case was handled by the IRS?				
12. Overall, how satisfied are you with the length of time it took to complete the complia check of your organization?	ınce			
13. Overall, how satisfied are you with how well the IRS communicated with you through the compliance check process?	hout			
14. Overall, how satisfied are you with the IRS employee assigned to your case?				
15. Will you modify the way you previously prepared your information return (Form 990 series) based □ Yes				
on the information contained in the letter?			□ No	
16. Please indicate your position with the organization. Officer of the Organization Authorized Representative		Neither o	f the abov	ve
Additional Information				
None 1-9 10-99 Less than \$1,000,0 100-499 500-999 1,000 or more \$5,000,000 -\$9,999	18. What are the estimated total assets of the organization? Less than \$1,000,000 \$1,000,000 -\$4,999,999 \$5,000,000 -\$9,999,999 \$10,000,000 or more If you have any suggestions for how the IRS can improve its service,			
	or any comments, please provide them on a separate sheet.			

Please mail your response to:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE M/S 1112 PO Box 12307 Ogden, UT 84412

If you wish to send the information by fax, our fax number is 801-620-2132.

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, 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