

Thank you for participating in our customer satisfaction survey. Your answers will be kept confidential and will only be used in order for our office to make improvements to our products and services. Please only reflect on your most recent data request when answering the questions below. If necessary for fully completing the open-ended responses, please attach another sheet.

1. Which of the following best describes your function? *(Please choose only one.)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Association / Society | <input type="checkbox"/> Foreign | <input type="checkbox"/> Private Citizen |
| <input type="checkbox"/> Congress | <input type="checkbox"/> Internal Revenue Service | <input type="checkbox"/> State / Local Government |
| <input type="checkbox"/> Consultant / Research | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Library | |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Media | |

2. How did you initially learn about the SIS office?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Another Government Agency | <input type="checkbox"/> SOI | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Colleagues | <input type="checkbox"/> Tax Stats website | |

3. How often do you contact the SIS office?

- | | | |
|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annually |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Once every 6 months | <input type="checkbox"/> First Time |

4. How did you contact us?

- | | |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> IRS Internet |
| <input type="checkbox"/> FAX | <input type="checkbox"/> Telephone |

5. Did the SIS staff satisfy your data request? *(If only partially or not at all, please explain why in the space provided below.)*

- | | |
|-------------------------------------|-------|
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> Partially, | _____ |
| <input type="checkbox"/> No, | _____ |

6. When did SIS initially contact you after you submitted your most recent data request?

- | | |
|--|--|
| <input type="checkbox"/> Same day | <input type="checkbox"/> 4-5 business days |
| <input type="checkbox"/> 2-3 business days | <input type="checkbox"/> 6 or more business days |

7. How did we respond to your data request? *(Check all that apply.)*

- | | | |
|--------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Regular Mail | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Telephone | |

8. The product(s) or service(s) provided met your needs.

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly Disagree | Disagree | Not Sure / Neither | Agree | Strongly Agree |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. If you could change one thing about your experience with the SIS office, what would it be?

10. What types of new products / data releases would you be most interested in receiving?

11. Please rate your overall satisfaction with your most recent data request.

Totally Dissatisfied	Dissatisfied	Neither	Satisfied	Totally Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please provide any comments and / or suggestions on ways we may better serve your data needs.

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