Appendix A: Survey Questions

The following are the questions that will be included on the survey. This <u>is not</u> the format of the actual surveys. The format of the survey will be very participant friendly, providing clear and easy to read questions with easy to mark answers. The OMB Control Number will be place in the upper right hand corner and the Paperwork Reduction Act Statement will be placed at the bottom.

Services Provided by Centralized Liens Processing (CLP) Operations

- 1. Have you used the services provided by CLP in the past six months? Yes = 1 No = 2
- 2. If you requested a payoff letter, how long did it take for you to receive the <u>payoff letter</u> from CLP?
 1.5 days 6-10 days 11-15 days 16-20 days 21 days or more. Do not know

1-5	o aays	6-10 aays	11 - 15 aays	16-20 aays	21 aays or more	Do not know
	1	2	3	4	5	6
3.	How satis	sfied were you	with the time it	t took to receiv	e your <u>payoff lette</u>	er from CLP?

J.	110w Satisfied we	le you w	itil the time it took	to receive	your <u>payorr retter</u>	
	Very Dissatisfied				Very Satisfied	<i>N/A</i>
	1	2	3	4	5	6

4	What was y	vour time e	vnectation	for receiving	the na	voff letter?
-т.	vvnat was	your time c	лреснанон	101 ICCCIVING	une <u>pa</u>	<u>yon neuer</u> :

_	5 1	_	0 10		_
$1_5 days$	$6_{-10} days$	$11_{-}15 days$	16_20 days	21 days or more	Do not know
1-5 uuys	0-10 uuys	11-15 uuys	10-20 uuys	21 uuys 01 more	DO HOL KHOW
1	2	2	4	-	C
	2	3	4	5	b
-	—	5	-	6	•

5. If you requested a release of lien(s), how long did it take you to receive your <u>release of lien(s)</u>?

1-5 days	6-10 days	11-15 days	16-20 days	21 days or more	Do not know
1	2	3	4	5	6

6. How satisfied were you with the time it took CLP to release your lien(s)? Very Dissatisfied Very Satisfied N/A 1 2 3 4 5 6
7. What was your time expectation for release of lien(s)?

1-5 days	6-10 days	11-15 days	16-20 days	21 days or more	Do not know
1	2	3	4	5	6

8. Please offer any additional comments about your interactions with CLP.

Interactions with Centralized Liens Processing Employees

The following section focuses on interactions (e.g., by phone, by email, in person, etc...) you have had with CLP employees in the last six months. If you had multiple interactions with CLP in the past six months, please base your responses on the overall experience.

9. How did you obtain the CLP contact information? (*Check only one*)

irs.gov	
IRS employee	
Tax professional	
Recorder	
Other	

10. How have you interacted with CLP? (*Check all that apply*)

Local IRS Office	
U.S Postal Mail	
Fax	
Telephone (Toll Free)	
Other	

11. Please indicate your preferred method of interaction: (*Check only one*)

Local IRS Office _	
U.S Postal Mail _	
Fax	
Telephone (Toll Free)	
Other	

12. Please explain why you prefer your choice.

13. How satisfied were you with the courtesy of CLP employees?					
Very Dissatis	fied			Very Satisfied	
1	2	3	4	5	

14. Did CLP employees provide clear information?						
Never				Always		
1	2	3	4	5		

If you contacted CLP via phone, please answer questions 15 to 23. If not, please skip to question 24.

15. The CLP employee(
Strongly Disagree				Strongly Agree
1	2	3	4	5

16. Did the CLP en <i>Yes</i> = 1	nployee(s) a No = 2	nswer your qu	estion(s) on the	e first phoi	ne call?		
17. If you answered 2 3	l "No" to qu 4 5		v many calls di Never got an a		•		
18. If the CLP employee(s) did not know the answer to your question(s), was he/she able to refer you to the appropriate contact(s)?							
Never 1	2	3	4	Ah 5	ways	N/A 6	
19. Once you reach <i>Yes</i> = <i>1</i>	ed a CLP er No = 2	nployee(s), dic	l he/she place g	you on hol	d?		
20. If you answered "Yes" to question 19, did the CLP employee(s) give a reason for placing you on hold?							
Never 1	2	3	4	Ah 5	ways		
21. Was the hold time acceptable to you? <i>Strongly Disagree Strongly Agree</i>							
1	2		3	4	5		
22. If the hold time was not acceptable, what would be an acceptable hold time?min							
23. Please offer any	additional	comments abo	ut your interac	ction(s) wit	h CLP.		

Overall Satisfaction

24. Overall, please indicate your satisfaction with the services provided by CLP.Very DissatisfiedVery Satisfied12345

25. Please provide us with any additional suggestions you may have to improve CLP services. (*Please be specific in the feedback you offer*).

Demographic questions

26. What is your state of residence?

Thank you very much for completing the survey!

Paper Work Reduction Act and OMB Control Number will be included at bottom of survey. 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.

Appendix B: Survey Pre-notifications

Text of pre-notification letter to be sent seven days before the survey mailing date:

Dear Taxpayer or Tax Professional:

January XX, 2009

We are interested in your opinion about the Centralized Liens Processing (CLP) operations. Within the next few days, the Internal Revenue Services will send you a questionnaire about the CLP operations. The purpose of this questionnaire is to gather opinions from taxpayers and tax professionals on their experience with requesting a payoff letter and a release of liens, and on what the IRS can do to enhance this program.

We encourage you to respond to this voluntary questionnaire, so that we can use your feedback to improve our services. Your feedback will be anonymous. You were randomly selected to participate in this survey. The questionnaire should take about ten minutes to complete. The information you provide will only be used for the purposes of evaluating and improving this program.

We appreciate your participation, and we thank you in advance for your assistance in giving us your assessment of the CLP operations. Your feedback will allow us to identify way to improve these operations.

Sincerely,

Name National Program Manager for Centralized Liens Processing, Small Business/Self-Employed Operating Division

Appendix C: Survey Cover Letter

Sample text for Survey Cover Letter.

«CONTROL.»

«NAME»					
Attention: «CONTACT»					
«STREET»					
«CITY», «STATE» «ZIP»					

Department of the Treasury Internal Revenue Service ADDRESS TBD ADDRESS TBD

DATE TO BE INSERTED HERE

Dear Taxpayer:

The Internal Revenue Service (IRS) is evaluating your satisfaction with our Centralized Liens Processing (CLP). You can help in this important effort by answering this voluntary survey about the services provided. The responses you give will help CLP operations understand your opinion(s). The survey is divided into the following topics:

- Services provided,
- Interactions with CLP employees, and
- Overall satisfaction.

This survey will take approximately 10 minutes to complete. Your responses are anonymous and will be used only to help CLP assess and improve their liens services.

Please base your responses on the services you have received in the last six months. If you had multiple interactions with CLP operations, please base your responses on the overall service you received.

Please place your completed survey in the envelope provided, and return the survey by xx/xx/2008.

Thank you for your help, and we appreciate your input.

Sincerely,

NAME HERE TITLE, FUNCTION HERE

Enclosure

Appendix D: Thank You/Reminder Letter

Text for Thank You/Reminder letter to be sent seven days after the survey mailing date:

Dear Taxpayer or Tax Professional:

Recently, the Internal Revenue Service sent you a questionnaire regarding your opinion about Centralized Liens Processing operations.

If you have already returned the questionnaire, thank you for your participation. If you have not yet completed the questionnaire, please take approximately ten minutes to do so. We encourage you to respond so that we can use your feedback to improve our services.

If you have misplaced the questionnaire or return envelope, you may contact us at (954) 423-7500 to receive a replacement.

Your feedback is anonymous and will allow IRS to improve our services and operations for you.

Sincerely,

Name National Program Manager for Centralized Liens Processing, Small Business/Self-Employed Operating Division