**Tax Assistance Day Exit Survey**

Your participation in this survey is voluntary. Your answers are important; what we learn will help other taxpayers. Please completely fill in the boxes. Thank you for your participation.

**1. How did you find out about this Saturday event? (Please select all that apply)**

🞏 Radio 🞏 Television 🞏 Word of Mouth (Family, Friends, Coworkers)

🞏 Newspaper 🞏 IRS Personnel 🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Have you experienced any of the following during the past year? (Please select all that apply)**

🞏 Reduced Work Hours or Wages 🞏 Foreclosure

🞏 Balance Due (Notice from the IRS) 🞏 Bankruptcy

🞏 Debt Forgiveness (Received Form 1099-C) 🞏 None

🞏 Job Loss

**3. What is the main issue that brought you here today? (Please select one)**

🞏 IRS Notice or Letter 🞏 Audit

🞏 Form or Publication Request 🞏 Audit Reconsideration 🞏 Return Preparation 🞏 Account Issue

🞏 Copy of Prior Year Return/Transcript 🞏 Tax Law Question

🞏 Installment Agreement 🞏 Lien/Levy

🞏 Refund 🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. What IRS services have you used to attempt to resolve this main issue in the past? (Please select all that apply)**

**IRS Service If used, how many times have you previously contacted the IRS about this issue?**

Did Not 1-2 3-4 5 or more Don’t

Use Times Times Times know

▼ ▼ ▼ ▼ ▼

A. IRS Telephone 🞏 🞏 🞏 🞏 🞏

B. IRS Walk-in Office (TAC) 🞏 🞏 🞏 🞏 🞏

C. Mail/Correspondence with IRS 🞏 🞏 🞏 🞏 🞏

D. IRS Web Site (IRS.gov) 🞏 🞏 🞏 🞏 🞏

E. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 🞏 🞏 🞏 🞏

**5. Did the IRS resolve your main reason for visiting today? (Please select one)**

🞏 Yes, the IRS was able to provide the assistance I needed

🞏 No, the IRS was not able to provide the assistance I needed

🞏 No, I could not get assistance today because I need to return with more information

🞏 No, Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Not sure

**6. If your main issue was *not* resolved today, what is your next step? (Please select one)**

🞏 Not applicable, issue was resolved today 🞏 Seek assistance from another IRS representative

🞏 Locate and submit documents to IRS 🞏 Complete and file prior year return(s)

🞏 Complete and file this year’s return 🞏 Set up a payment plan/installment agreement

🞏 Make payment(s) 🞏 Seek assistance from a tax preparer, accountant or tax ⬝⬝⬝

🞏 Get more information from the IRS attorney

🞏 Wait for the IRS to contact me                        🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. How satisfied are you with the service you received today? (Please select one)**

🞏 Very Dissatisfied 🞏 Dissatisfied 🞏 Neutral 🞏 Satisfied 🞏 Very Satisfied

**8. What category describes your current age?**

      🞏 18 to 24 years                                                    🞏 65 to 74 years

🞏 25 to 34 years                                                    🞏 75 to 84 years

      🞏 35 to 44 years                                                    🞏 85 years and over

      🞏 45 to 54 years                                                    🞏 Don’t know

🞏 55 to 64 years

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**9. What is the highest level of education you have completed?**

      🞏 Grade School 🞏 Bachelor’s Degree

      🞏 Some High School, no diploma                     🞏 Master’s Degree

      🞏 High School /GED 🞏 Doctoral Degree

      🞏 Technical/Trade School 🞏 Professional Degree (M.D., J.D.)

🞏 Some College, no degree 🞏 Don’t know

      🞏 Associate’s Degree

**10. What category best describes your total income last year?**

      🞏 Less than $15,000                                             🞏 $50,000 but less than $75,000

      🞏 $15,000 but less than $25,000                           🞏 $75,000 but less than $100,000

      🞏 $25,000 but less than $35,000                           🞏 $100,000 or more

🞏 $35,000 but less than $50,000                           🞏 Don’t know

**11. Please select the statement that best describes the language spoken in your household.**

**(Please select one)**

🞏 English is the only language spoken

🞏 English is the primary language spoken

🞏 A language other than English is the primary language spoken

**12. Do you have any of the following long-lasting conditions? (Please select all that apply)**

🞏 Blindness

🞏 Deafness

🞏 Severe vision impairment

🞏 Severe hearing impairment

🞏 A condition that substantially limits physical abilities (such as walking or reaching)

🞏 A condition that limits learning or remembering

🞏 I do not have any of the above long-lasting conditions