

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 Use <input type="checkbox"/>	1-2 Times <input type="checkbox"/>	3-4 Times <input type="checkbox"/>	5 or more Times <input type="checkbox"/>	Don't know <input type="checkbox"/>
A. IRS Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. IRS Walk-in Office (TAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mail/Correspondence with IRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. IRS Web Site (IRS.gov)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

- | | |
|---|--|
| <input type="checkbox"/> 18 to 24 years | <input type="checkbox"/> 65 to 74 years |
| <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> 75 to 84 years |
| <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> 85 years and over |
| <input type="checkbox"/> 45 to 54 years | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 55 to 64 years | |

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

- | | |
|---|---|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some High School, no diploma | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School /GED | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Technical/Trade School | <input type="checkbox"/> Professional Degree (M.D., J.D.) |
| <input type="checkbox"/> Some College, no degree | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Associate's Degree | |

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

- | | |
|--|---|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$50,000 but less than \$75,000 |
| <input type="checkbox"/> \$15,000 but less than \$25,000 | <input type="checkbox"/> \$75,000 but less than \$100,000 |
| <input type="checkbox"/> \$25,000 but less than \$35,000 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$35,000 but less than \$50,000 | <input type="checkbox"/> 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

Thank you for volunteering to participate in our 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. The time estimated for participation is 2 minutes. 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.