

IRS WAGE AND INVESTMENT DIVISION

CUSTOMER SATISFACTION SURVEY

INJURED SPOUSE

The IRS is trying to improve its service to the public. You can help in this important mission by answering the questions below. This voluntary survey should take less than 7 minutes to complete. Your responses will be kept completely anonymous to the IRS. If you have any questions about this survey, you may call the Survey Helpline at 1-866-960-7897.

1 The questions below ask your opinions regarding the Injured Spouse process. Please indicate your answer by checking the box that best represents your opinion.

| | Very Dissatisfied | Somewhat Dissatisfied | Neither Satisfied nor Dissatisfied | Somewhat Satisfied | Very Satisfied | Don't know/Not applicable |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---------------------------------|
| How would you rate the... | | | | | | |
| a. Ease of finding out about the Injured Spouse Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Ease of getting information about your Form 8379, <i>Injured Spouse Allocation</i> issue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Ease of understanding and completing Form 8379, <i>Injured Spouse Allocation</i> ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Getting through to the right IRS employee by phone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Courtesy and professionalism of IRS employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Ease of collecting information requested by the IRS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Time you were given to respond to the IRS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Amount of time you spent on the Injured Spouse Allocation (Form 8379) process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Fairness of treatment by the IRS employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Length of time to resolve your Form 8379, <i>Injured Spouse Allocation</i> issue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Overall level of service received from the IRS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you are dissatisfied with any of the above statements (and checked either Very Dissatisfied or Dissatisfied), please explain why:

2 Did you contact the IRS to receive instruction on the preparation of the Form 8379, *Injured Spouse Allocation*? Yes No

| | Very Dissatisfied | Somewhat Dissatisfied | Neither Satisfied nor Dissatisfied | Somewhat Satisfied | Very Satisfied |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| If yes, please rate your satisfaction with the ... | | | | | |
| a. Ease of understanding the information supplied by IRS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Completeness of the instructions you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3 When you received resolution, did you contact IRS for an explanation? Yes No

| | Very Dissatisfied | Somewhat Dissatisfied | Neither Satisfied nor Dissatisfied | Somewhat Satisfied | Very Satisfied |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| If yes, please rate your satisfaction with the explanation of your case resolution. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please continue on back

4 Was all or part of your allocation denied?

Yes No

If yes, please rate your satisfaction with the ease of understanding the letter explaining the outcome of your allocation.

| Very Dissatisfied | Somewhat Dissatisfied | Neither Satisfied nor Dissatisfied | Somewhat Satisfied | Very Satisfied | Don't know/Not applicable |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5 Regardless of whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the service received from the IRS about your Injured Spouse Allocation?

| Very Dissatisfied | Somewhat Dissatisfied | Neither Satisfied nor Dissatisfied | Somewhat Satisfied | Very Satisfied | Don't know/Not applicable |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6 How did you find out about the possibility of obtaining Injured Spouse relief? (Check all that apply)

- IRS Customer Service Representative
- IRS Taxpayer Advocate Office
- IRS Web site
- Friend/colleague
- Lawyer or legal counsel
- Tax professional
- Other – specify _____

7 Where did you obtain the forms and instructions for filing your allocation issue? (Check all that apply)

- IRS via telephone
- IRS office
- IRS Web site
- Lawyer or legal counsel
- Tax professional
- Other – specify _____

8 Which of the following methods did you use to contact the IRS? (Check all that apply)

- IRS Toll-free Customer Service number
- IRS number listed on the letter I received
- IRS Web site
- Local IRS office by phone
- Local IRS office in person
- Mail
- Through tax professional
- Other – specify _____

9 From the time you filed the Form 8379, Injured Spouse Allocation to resolution, did you contact the IRS for resolution status?

Yes No

If yes, how many times did you contact the IRS regarding your Injured Spouse allocation?

- 1
- 2
- 3
- More than 3 times

10 Which of the following methods do you prefer to use when contacting the IRS? (Check all that apply)

- IRS Toll-free Customer Service number
- IRS number listed on the letter I received
- IRS Web site
- Local IRS office by phone
- Local IRS office in person
- Mail
- Through tax professional
- Other – specify _____

11 Who prepared your Form 8379 Injured Spouse Allocation? (Check only one response)

- Self
- Paid tax professional
- Volunteer Income Tax Assistance (VITA)
- Friend/Relative
- IRS office

12 Which of the following statements best describes you? (Check only one response)

- I am the taxpayer
- I am a tax professional who represented the taxpayer
- I am someone else who represented the taxpayer

13 Use this space for comments, or suggestions for improvement.

Occasionally, we conduct in-depth research. Research participants may receive a small monetary incentive to participate depending on the study. If you are interested in participating in future research, please provide us with your telephone number and your e-mail address (if available). This information is confidential and will only used only for the purpose of survey research.

Telephone #: _____ E-mail address: _____

Paperwork Reduction Act Notice

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.

Thank you for completing the survey.

Please return the questionnaire to P.O. Box 64530, St. Paul, MN 55164-9610 USA.