

Taxpayer Assistance Center Customer Expectations Survey



You can help the IRS improve its service to you and other taxpayers by answering the questions below. This anonymous and voluntary survey takes about 10 minutes to complete.

Please answer questions 1–16 prior to receiving service and the remaining 13 questions after receiving service.

Instructions: Please mark the box next to your answer.

1. Is this your **first visit ever** to a local IRS office?

- Yes
 No, I have visited a local IRS office previously

2. How did you **first learn** about local IRS offices, like this one? (Please mark only **one**)

- | | |
|---|---|
| <input type="checkbox"/> Friend, family member, co-worker | <input type="checkbox"/> IRS web site (IRS.gov) |
| <input type="checkbox"/> Telephone book | <input type="checkbox"/> IRS telephone representative |
| <input type="checkbox"/> Saw the office | <input type="checkbox"/> Other IRS representative |
| <input type="checkbox"/> Tax preparation company
(e.g., H&R Block, Jackson-Hewitt) | <input type="checkbox"/> Volunteer tax preparation clinic |
| <input type="checkbox"/> Accountant/tax professional | <input type="checkbox"/> Other (please specify): _____ |
| | <input type="checkbox"/> I do not remember |

3. About how long did it take you **to travel** to this local IRS office?

- | | |
|--|---|
| <input type="checkbox"/> 0 – 5 minutes | <input type="checkbox"/> 31 – 45 minutes |
| <input type="checkbox"/> 6 – 10 minutes | <input type="checkbox"/> 46 – 60 minutes |
| <input type="checkbox"/> 11 – 20 minutes | <input type="checkbox"/> 61 – 90 minutes |
| <input type="checkbox"/> 21 – 30 minutes | <input type="checkbox"/> More than 90 minutes |

4. What is your **main reason** for visiting this IRS office today? (Please mark only **one**)

- | | |
|---|--|
| <input type="checkbox"/> Set up a payment plan | <input type="checkbox"/> Get a copy of prior year return |
| <input type="checkbox"/> Make a payment (other payment) | <input type="checkbox"/> Drop off a completed tax return |
| <input type="checkbox"/> Get your identity authenticated | <input type="checkbox"/> Get a lien or levy released |
| <input type="checkbox"/> Resolve an IRS notice or letter | <input type="checkbox"/> Ask about Identity Theft |
| <input type="checkbox"/> Ask a tax law question (not about a notice) | <input type="checkbox"/> Request tax form or instruction booklets |
| <input type="checkbox"/> Have a tax return prepared | <input type="checkbox"/> File Form 2290 (Heavy Vehicle Use Tax) |
| <input type="checkbox"/> Check on refund status | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Obtain an individual taxpayer identification number | |

5. Thinking of the **main reason** that brought you to the local IRS office **today**, approximately how many times did you contact the IRS previously to try to resolve it? (Please answer all that apply. If you did not contact the IRS by the specified method, please enter zero.)

Called IRS Toll-Free Line	_____	Times
Used IRS.gov	_____	Times
Visited IRS Office (include today's visit)	_____	Times
Sent IRS Mail	_____	Times
Sent IRS E-mail	_____	Times
Faxed IRS	_____	Times

6. What made you decide to come to the local IRS office **today**, instead of using a different IRS service (such as the IRS website, IRS Toll-Free line, Mail or Email)?
-
-
-

7. About how long do you think you will wait before meeting with an IRS representative to discuss your **main reason** for this visit?

<input type="checkbox"/> Immediately (no wait)	<input type="checkbox"/> 21 – 30 minutes
<input type="checkbox"/> 1 – 5 minutes	<input type="checkbox"/> 31 – 45 minutes
<input type="checkbox"/> 6 – 10 minutes	<input type="checkbox"/> More than 45 minutes
<input type="checkbox"/> 11 – 20 minutes	

8. After you start talking to an IRS representative, about how long do you think it will take to complete your **main issue**?

<input type="checkbox"/> Less than 5 minutes	<input type="checkbox"/> 21 – 30 minutes
<input type="checkbox"/> 5 – 10 minutes	<input type="checkbox"/> 31 – 45 minutes
<input type="checkbox"/> 11 – 20 minutes	<input type="checkbox"/> More than 45 minutes

9. What category describes your current age?

<input type="checkbox"/> 18 to 24 years	<input type="checkbox"/> 55 to 64 years
<input type="checkbox"/> 25 to 34 years	<input type="checkbox"/> 65 to 74 years
<input type="checkbox"/> 35 to 44 years	<input type="checkbox"/> 75 to 84 years
<input type="checkbox"/> 45 to 54 years	<input type="checkbox"/> 85 years and over

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

<input type="checkbox"/> Less than 9 th grade	<input type="checkbox"/> Some college, no degree
<input type="checkbox"/> 9 th grade to 12 th grade, no diploma	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> High school graduate (or GED)	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Some technical or vocational school	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Technical or vocational school graduate	<input type="checkbox"/> Post-Master's Degree

11. What category best describes your annual household income?

- | | |
|--|---|
| <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 | |

12. What is the primary language spoken at home? (Please select **one**)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Vietnamese | _____ |

13. Do you have *any* of the following long-term conditions (lasting 6 months or more)? Please select **all** that apply.

- Deafness
- Severe Vision Impairment
- Severe Hearing Impairment
- Severe Speech Impairment
- A condition that substantially limits your physical abilities (such as standing or walking)
- A condition that limits learning or remembering
- Some other condition
- Do not have a long-term condition

14. Do you own and use a mobile phone?

- Yes, regular mobile phone
- Yes, Smartphone (mobile phone with applications and internet access)
- No

15. How often do you access the Internet?

- Several times a day or more
- Once a day
- Several times a week
- Once a week
- Less than once a week
- Never

16. Please share your expectations about the hours of operation for this local IRS office

- A. What time do you **expect** the office to **open**? _____
- B. What time do you **expect** the office to **close**? _____
- C. Which **day(s)** of the week do you **expect** the office to be open?

- | | | | |
|---------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday | |

17. Were your **expectations** for the following aspects of your visit met during today’s visit?

	Much Worse Than Expected		As Expected		Much Better Than Expected	
	1	2	3	4	5	
Aspects of Visit						
Available parking nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easy to find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance travelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours the office is open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How much do you agree with the following statements?

Statements	Strongly Disagree		Neutral		Strongly Agree	
	1	2	3	4	5	
I am willing to use a computer in a local IRS office that is connected to the IRS website to receive assistance instead of talking to an assistor in-person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to receive service from a remote IRS assistor through a video monitor at my local IRS office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe issues that take a short amount of time, such as making payments or obtaining copies, should have express service lane.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to use a payment kiosk to submit payments to the IRS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to make an appointment to obtain face to face service from the IRS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Wait...
Complete the last questions AFTER you have received service.

Post-Service Questions

19. Overall, how *satisfied* were you with today’s visit?

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

20. What would have made your visit today better?

21. Were you provided service **today**?

- Yes
- No

If ‘no’, please explain.

22. Were you provided the assistance you needed to *resolve* your *main reason* for visiting today?

- Yes
- No
- Don’t know

If ‘no’ or ‘don’t know’, please explain.

23. Did the IRS representative *answer all of your questions* today?

- Yes
- No

24. Will the information you received today *eliminate the need for further contact* with the IRS regarding your *main reason* for today’s visit?

- Yes
- No

If ‘No’, please explain: _____

25. Please rate your **satisfaction** with the following aspects of the **building** visited today?

	Very Dissatisfied		Neutral		Very Satisfied
	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with Building					
Office layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seating		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security/Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handicap accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Please rate your **satisfaction** with the following aspects of the **IRS staff** today?

	Very Dissatisfied		Neutral		Very Satisfied
	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with IRS Staff					
Professionalism of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff listened to your concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff treated you with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please rate your **satisfaction** with the following aspects of the **service** today?

	Very Dissatisfied		Neutral		Very Satisfied
	1	2	3	4	5
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfaction with Service					
Wait time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting my issue resolved today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting all my questions answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need for further IRS contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time spent with assistor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. How long did you **actually** wait before meeting with an IRS representative today?

- Immediately (no wait)
- 1 – 5 minutes
- 6 – 10 minutes
- 11 – 20 minutes
- 21 – 30 minutes
- 31 – 45 minutes
- More than 45 minutes

29. How long did you **actually spend** with the IRS representative on your **main issue**?

- Less than 5 minutes
- 5 – 10 minutes
- 11 – 20 minutes
- 21 – 30 minutes
- 31 – 45 minutes
- More than 45 minutes

30. Were your **expectations** for the following aspects met during today’s visit?

	Much Worse Than Expected		As Expected		Much Better Than Expected
	1	2	3	4	5
Aspects of Visit					
Wait time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting my issue resolved today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting all my questions answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating the need for further IRS contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Length of time spent with assistor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff listened to your concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff treated you with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall , were your expectations for this visit met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Please share your opinions about how we can improve the service provided at local IRS offices?

Thank you for completing this survey.
Please return the questionnaire to the survey administrator.

Privacy Statement

Paperwork Reduction Act Notice

The authority requesting the information is 5 USC 301. The primary purpose of asking for the information is to determine steps IRS can take to improve our service to you. The information may be disclosed as authorized by the routine uses published for the Privacy Act System of Records information requests. The OMB Control Number for this study is 1545-1432. If you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224. Providing the information is voluntary. Not answering some or all of the questions will not affect you.