**Internal Revenue Office - Office of Professional Responsibility**

**Customer Outreach/Education Satisfaction Survey**

**Presentation Title: Date:­­­­­­­­**

Thank you for attending today’s presentation. The IRS’s Office of Professional Responsibility is committed to improving customer service, and increasing awareness and understanding of Circular 230.  Please help us improve our outreach and educational activities by completing this customer survey.

*Completion of the questionnaire is voluntary and does not request any personal identifiable information. Please circle Y or N. Comments are optional and appreciated.*

1. Did the *content* of the session meet your expectations that you based on the session’s description?: Y or N

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the *presenter* demonstrate a comprehensive knowledge of the subject matter? Y or N

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the *presentation* executed in a manner that was easy for you to follow and understand? Y or N

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you *learn* something new about Cir. 230 or its provisions? Y or N

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As a result of the information you received today, do you see any *opportunity to improve* Circular 230 compliance within your office of practice by implementing at least one procedural or business policy change? Y or N

Comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *Suggestions* for other topics/provisions you’d like presented and discussed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

That completes the survey. We are required by law to report to you the OMB (Office Of Management and Budget) Control Number for this public information request.  That number is 1545-1432. In addition, if you have any comments ways to improve the survey, you may write to IRS at the following address:

Internal Revenue Service

Tax Product Coordinating Committee

1111 Constitution Avenue, NW

Washington, DC 20224