

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (OMB Control Number: 1545-2208)**

TITLE OF INFORMATION COLLECTION: Customer Satisfaction Survey

PURPOSE: To rate tax return preparer’s satisfaction with the testing and fingerprinting services provided by contracted vendors

DESCRIPTION OF RESPONDENTS: Tax return preparers who are required to pass a competency examination and/or background check in order to renew or obtain a Preparer Tax Identification Number (PTIN) as part of the increased IRS oversight which requires paid tax return preparers to obtain a PTIN in order to practice before the IRS

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> Other: _____ |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Lana Doolin, Return Preparer Office

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals (Test Candidates)	* 376,000	1 minute 42 seconds	10,653
Individuals (Fingerprint Candidates)	* 495,000	41 seconds	5,637
Totals			

* Number of estimated respondents between October 16, 2011 and December 31, 2013

FEDERAL COST: The estimated annual cost to the Federal government is: no cost (the contracted vendors will administer the customer satisfaction surveys as part of the no-cost contracts)

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?
[x] Yes [] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The customer list is limited to certain tax return preparers who are required to pass a competency examination and/or be fingerprinted and pass a suitability check. All return preparers that take the competency examination and/or are fingerprinted will be offered a customer satisfaction survey.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[x] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [x] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.