## Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1535-0143)

TITLE OF INFORMATION COLLECTION: Call Center Customer Satisfaction Survey

**PURPOSE:** The purpose of this survey is to ensure that the Electronic Federal Tax Payment System (EFTPS) call center vendor is providing quality customer service to taxpayers. EFTPS is a free tax payment system to individual and business taxpayers and is part of the nation's critical infrastructure. Taxpayers can make Federal tax payments using EFTPS thru multiple channels including the Internet, Financial Institutions, Voice Response System (VRS) and live call center operators. In Fiscal Year 2013, EFTPS processed over 140 million payments totaling over 2.3 trillion dollars. The Bureau of the Fiscal Service, Tax Collection Division desires to measure customer satisfaction on an ongoing basis as we transition our call centers to a new standard of excellence in concert with strategic and tactical operating plans.

**DESCRIPTION OF RESPONDENTS**: Respondents to the survey will consist of a random sampling of taxpayers calling the EFTPS call center to make a payment or inquiry. The call center receives approximately 2 million calls per year. Of the 2 million callers, 500,000 (25%) will be randomly selected to participate in the survey. The participation rate from the random selection of participants is estimated to be 5% resulting in 25,000 participants.

| <b>TYPE OF COLLECTION:</b> (Check one)   |   |  |  |  |
|--|---|--|--|--|
| [ ] Customer Comment Card/Complaint Form<br>[ ] Usability Testing (e.g., Website or Software<br>[ ] Focus Group  | [ X] Customer Satisfaction Survey [ ] Small Discussion Group [ ] 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 <u>not</u> raise issues of concern to other federal agencies.  |   |  |  |  |
| 4. The results are <u>not</u> intended to be disseminated to the public.   |   |  |  |  |
| 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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:  |   |  |  |  |
| Bruce A. Sharp   |   |  |  |  |
|  |   |  |  |  |

**Personally Identifiable Information:** 

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No

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

2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No [X] N/A

| 3. If Yes, has an up-to-date System of Rec [X] N/A  | cords Notice (SORN) b                                   | een published? [      | ] Yes [ ] No |
|---|---|-----------------------|--------------|
| <b>Gifts or Payments:</b> Is an incentive (e.g., money or reimbursem participants? [] Yes [X] No  | ent of expenses, token of                               | of appreciation) p    | provided to  |
| BURDEN HOURS  |   |                       |              |
| Category of Respondent  | No. of Respondents                                      | Participation<br>Time | Burden       |
| Individuals   | 5K (20% of 25K)   | 2 minutes             | 167          |
| Business  | 20K (80% of 25K)  | 2 minutes             | 666          |
| <b>Totals</b> 2million (calls per year) x .25 = 500K (random sample) 500K (random sample) x .05 = 25K (estimated response) 25K (estimated response) x 2 minutes= 50K (burden minutes) 50K / 60 = 833 (burden hours) | 25K   | 2 minutes             | 833          |
| If you are conducting a focus group, surprovide answers to the following question   |   | statistical meth      | ods, please  |
| The selection of your targeted responder  1. Do you have a customer list or somethir respondents and do you have a samplin  | ng similar that defines to<br>g plan for selecting from |                       | otential     |
| If the answer is yes, please provide a description the answer is no, please provide a description respondents and how you will select them?   | on of how you plan to i                                 |                       | <b>U</b> 1 / |
| Administration of the Instrument  1. How will you collect the information? (  [] Web-based or other forms of So  [X] Telephone [] In-person [] Mail [] Other, Explain  2. Will interviewers or facilitators be used | ocial Media   |                       |              |
| Please make sure that all instruments, in request.  | estructions, and scripts                                | s are submitted       | with the     |

## Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS**: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

## **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) **Individuals** or Households;(2) **Private Sector**; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row. **No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

## 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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.