

## Welcome and Thank You Text

### Welcome Text

Thank you for visiting the **Affordable Care Act (ACA) Tax Provisions** section of the IRS.gov website. You have been selected at random to take part in a survey conducted by ForeSee on behalf of the **Internal Revenue Service**. Your opinions will help the IRS provide the types of information and services that you need and want.

Your participation is voluntary and your responses to the survey are strictly private and will remain anonymous, therefore we do not collect any information which would enable us to respond to any inquiries. The IRS receives only compiled data, which does not allow for the identification of any individual. The IRS is committed to protecting your privacy as you take this survey, and whenever you visit the IRS website.

**Please do NOT provide** any personal identification information such as your Name, Social Security Number, Taxpayer Identification Number, Telephone Number, E-Mail Address, or Street Address in the "comments" sections of this questionnaire. The IRS is **NOT** able to respond to tax or personal related inquiries that are submitted through this survey.

### Thank You Text

Thank you very much for completing this survey. All answers and comments will be used by the IRS to help serve you better.

### Welcome Text - Alternate

~~Thank you for visiting [Company/Site/Agency]. You have been randomly selected to take part in this survey that is being conducted by ForeSee on behalf of the [Company/Site/Agency]. Please take a few minutes to give us your feedback. All results are strictly confidential.~~

### Thank You Text - Alternate

~~Thank you for taking our survey – and for helping us serve you better.–~~

~~Please note you will not receive a response from us based on your survey comments. If you would like us to contact you about your feedback, please visit the Contact Us section of our web site.~~



### Customer Satisfaction Survey

Thank you for visiting our site. You've been randomly chosen to take part in a brief survey to let us know what we're doing well and where we can improve.

Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.

Thank you for taking our survey - and for helping us serve you better.  
We appreciate your input!



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[ForeSee](#) [ForeSee Privacy Policy](#) [Survey Support](#)

Model Name ACA Employer Survey  
 Model ID  
 Partitioned No  
 Date (9/2/2015)

~~Red & Strike-Through~~: Delete  
Underlined & Italicized: Re-order  
 Pink: Addition  
 Blue: Reword



Label		Satisfaction Questions	Label		Future Behaviors
		<b>Satisfaction</b>			<b>Return (1=Very Unlikely, 10=Very Likely)</b>
Satisfaction - Overall		What is your <b>overall satisfaction</b> with the Employer-Related ACA section of the IRS.gov website? (1=Very Dissatisfied, 10=Very Satisfied)	Return		How likely are you to <b>return</b> to the Employer-Related ACA section of the IRS.gov website?
Satisfaction - Expectations		How well does the Employer-Related ACA section of the IRS.gov website <b>meet your expectations</b> ? (1=Falls Short, 10=Exceeds)			<b>Recommend (1=Very Unlikely, 10=Very Likely)</b>
Satisfaction - Ideal		How does the Employer-Related ACA section of the IRS.gov <b>compare to your idea of an ideal website</b> ? (1=Not Very Close, 10=Very Close)	Recommend Site		How likely are you to <b>recommend</b> the Employer-Related ACA section of the IRS.gov website to someone else?
					<b>Primary Resource (1=Very Unlikely, 10=Very Likely)</b>
			Primary Resource		How likely are you to use the IRS.gov website as your <b>primary resource</b> for all Employer-Related ACA information?

Model Name ACA Employer Survey  
 Model ID  
 Partitioned No  
 Date (9/11/2015)

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QID	QUESTION META TAG	Skip From	Question Text	Answer Choices	Skip To	Required Y/N	Type	Special Instructions	CQ Label
	Role		Which category <b>best describes</b> you? Are you ...?	Employer with generally fewer than 50 FTE - includes tax-exempt employer Applicable Large Employer "ALE" (i.e., business/government agency with 50 or more FTE employees) Health Insurance Issuer/Carrier Government Sponsored Insurance Tax Return Preparer or Payroll or Other Service Provider Software developer or Transmitter Other	A, B C D E	Y	Radio button, one-up vertical	Skip Logic Group*	Role
		A	If ALE, are you:	Local/State Government Employer Indian Tribal Government Employer Federal Government Employer None of the above		Y	Radio button, one-up vertical	Skip Logic Group*	ALE
		B	If ALE, are you also:	Self-insured (i.e. sponsors self-insured group health plans) Not self-insured		Y	Radio button, one-up vertical	Skip Logic Group*	ALE insured
		C	If Health Care Insurance Issuer/Carrier, are you:	Non-Profit For-Profit		Y	Radio button, one-up vertical	Skip Logic Group*	Health care
		D	If Government Sponsored Insurance, are you:	State Medicaid/CHIP Agency Medicare Tricare		Y	Radio button, one-up vertical	Skip Logic Group*	Gov Insurance
		E	Please specify what best describes you.			N	Text field, <100 char	Skip Logic Group*	Other role
	Visit Frequency		How <b>frequently</b> do you visit the Employer-Related ACA section of the IRS.gov website?	This is my first time Daily Weekly Monthly Every couple of months		Y	Drop down, select one		Frequency
			How <b>many</b> Full Time or FTE equivalent employees does your business have?	0-49 Between 50-499 Between 500-1,999 Between 2,000-4,999 Between 5,000-9,999 10,000 or more		Y	Drop down, select one		# of employees
			Please indicate <b>how many states</b> your business operates in?	One Between 2-5 Between 6-10 Between 11-20 Over 20 states		Y	Drop down, select one		# of states
	Primary Reason: Federal Government or Informational Non-Profit		What are the <b>main topics</b> you were looking for on the Employer-Related ACA section of the IRS.gov website today? (Choose all that apply)	Determining ALE status Health care coverage questions (i.e., determining eligibility and affordability) Transition relief from Tax Year 2015 filing requirements/penalties Filing requirements, instructions, or publications ACA information reporting requirements Calculating Full Time Employee status Employer Shared Responsibility Payment FAQs How to contact the IRS about my Employer Shared Responsibility Payment Assessment (Preliminary Letter) Legal guidance, ACA Regulations, and other resources Small Business Health Care Tax Credit/Small Business Health Options Program (SHOP) Other		Y	Checkbox, one-up vertical	Skip Logic Group*	Main topics
	Accomplish		Did you <b>find</b> the information you were looking for?	Yes No Partially	A A	Y	Radio button, one-up vertical	Skip Logic Group*	Find info
	OE_Accomplish	A	Please tell us in as much detail as possible what specifically were you trying to find today?						No info found
			Based on the guidance you have received from the Employer-Related ACA website, please rate <b>how confident</b> you are in knowing what to do for each of the following requirements. <b>Requirements for Information Reporting (1095-B or 1095-C) to the IRS</b>	1=Not at all confident 2 3=Somewhat confident 4 5=Extremely confident Unsure		Y	Drop down, select one	Multiple Lists Group*	Confidence Reporting
			<b>The Quality of the employee data you will be reporting to IRS on your 1094/1095 forms</b>	1=Not at all confident 2 3=Somewhat confident 4 5=Extremely confident Unsure		Y	Drop down, select one	Multiple Lists Group*	Confidence Quality
			<b>Calculating Full Time Employee status</b>	1=Not at all confident 2 3=Somewhat confident 4 5=Extremely confident Unsure		Y	Drop down, select one	Multiple Lists Group*	Confidence Calculating
			Thinking about the planning and preparation needed for the ACA employer requirements, please rate <b>how ready</b> your organization is to fulfill each of the following. <b>Requirements for Information Reporting (1095b or 1095c) to the IRS</b>	1=Not at all ready 2= In process, partially ready 3=Completely ready Don't know		Y	Drop down, select one	Multiple Lists Group*	Readiness Reporting

		<b>The Quality of the employee data you will be reporting to IRS on your 1094/1095 forms</b>	1=Not at all ready 2= In process, partially ready 3=Completely ready Don't know		Y	Drop down, select one	Multiple Lists Group*	Readiness Quality
		<b>Calculating Full Time Employee status</b>	1=Not at all ready 2= In process, partially ready 3=Completely ready Don't know		Y	Drop down, select one	Multiple Lists Group*	Readiness Calculating
<b>OE_ Improve Experience</b>		What could IRS do to <b>improve</b> the Employer-Related ACA section to better meet your needs?			N	Text area, no char limit		Improve Employer ACA