**[Exhibit A -TAS Survey – Pre-Note Letter]**

{TAS Logo placeholder}

John Doe

123 Main Street

Anytown, CT 66666

Re: [Taxpayer’s Name]

Date: September 25, YYYY

As the National Taxpayer Advocate, I lead TAS in helping taxpayers resolve problems with the IRS. You were selected to participate in a survey, which will take about 10 minutes to complete. Your participation is voluntary. By completing and returning the voluntary survey you can let us know what we did well and what we could have

done to make your experience with us even better.1

**How you can take the survey**

You will receive a survey package from TAS within the next couple of weeks that will include the TAS Customer Satisfaction Survey and a self-addressed, stamped return envelope. Please have the person in your household who knows the most about your recent experience with TAS complete the survey. Reflect upon the concern a TAS case advocate assisted you in addressing when responding to the questions. Return the completed survey as soon as possible using the included envelope.

**Questions or assistance**

If you have any questions or need assistance in completing this survey please contact John Casstevens at 904-

665-1023.

**Verification**

To verify the authenticity of our survey, please visit [www.irs.gov](http://www.irs.gov/) and enter the search term [“customer surveys](http://search.irs.gov/web/query.html?col=allirs&amp;charset=utf-8&amp;qp&amp;qs=-Wct%3A%22Internal%2BRevenue%2BManual%22&amp;qc&amp;qm&amp;rf&amp;oq&amp;qt=customer%2Bsurveys)”. The IRS Customer Satisfaction Survey webpage contains a list of current IRS surveys and includes a reference to the TAS survey.

**Privacy Act Notice**

The primary purpose for requesting this information is to help the IRS improve its service to taxpayers. Our authority for requesting the information is 5 USC and 26 USC 7801. Providing information is voluntary. However, if you do not answer all or part of the survey questions, the IRS and TAS may lack information it could use to improve taxpayer service. TAS is required to follow confidentiality protections required by the Privacy Act and /or Internal Revenue Code section 6103.

I am committed to providing the best possible service to every taxpayer and I look forward to hearing about your experience with TAS.

Sincerely,

Nina E. Olson

National Taxpayer Advocate

1 **Paperwork Reduction Act:** We are required by law to report to you the OMB Control Number for this public information request. That number is 1545-1432. If you have any comments about the time estimate for completing the survey or about ways to improve the survey, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

John Doe

123 Main Street

Anytown, CT 66666

Re: [Taxpayer’s Name]

Date: September 25, YYYY

We recently sent you a letter asking for your help with an important survey we are conducting. The Taxpayer

Advocate Service wants to learn how to improve service to taxpayers.

You were selected to participate in this survey, which will take about 10 minutes to complete. Your participation is voluntary.

Included in the package you’ve received are the TAS Customer Satisfaction survey and the self-addressed, stamped return envelope. Please have the person in your household who knows the most about your recent experience with TAS complete the survey. Reflect upon the concern a TAS case advocate assisted you in addressing when responding to the questions. Return the completed survey as soon as possible using the included envelope.

If you have any questions or need assistance in completing this survey please contact John Casstevens at 904-

665-1023.

To verify the authenticity of our survey, please visit [www.irs.gov](http://www.irs.gov/) and enter the search term [“customer surveys](http://search.irs.gov/web/query.html?col=allirs&amp;charset=utf-8&amp;qp&amp;qs=-Wct%3A%22Internal%2BRevenue%2BManual%22&amp;qc&amp;qm&amp;rf&amp;oq&amp;qt=customer%2Bsurveys)”. The IRS Customer Satisfaction Survey webpage contains a list of current IRS surveys and includes a reference to the TAS survey.

**Privacy Act Notice**

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I am committed to providing the best possible service to every taxpayer and I look forward to hearing about your experience with TAS.

Sincerely,

Nina E. Olson

National Taxpayer Advocate

Enclosures: Survey Questionnaire

Postage Paid Envelope

Exhibit C –Reminder Card

TAXPAYER ADVOCATE SERVICE ATTN:

P.O. BOX INDIANAPOLIS, IN

PRESORTED

FIRST-CLASS MAIL Postage & Fees Paid Internal Revenue Service PERMIT NO. XXX

[Taxpayer or POA Representative Name & Address]

Exhibit C –Reminder Card

Dear Taxpayer or POA:

In the last few weeks we sent you a survey asking for your help to improve service to taxpayers.

• If you have already completed and sent the survey back to us, ***thank you***.

• If not, please have the person in your household who is most familiar with your recent experience with the Taxpayer Advocate Service take a few minutes today to complete and return the survey.

We appreciate your participation. Thank you for your help.

Placeholder: L3 EITC-AB Form 13725 (9-2006) Catalog Number 47480A Department of the Treasury-Internal Revenue Service

John Doe

123 Main Street

Anytown, CT 66666

Re: [Taxpayer’s Name]

Date: September 25, YYYY

In the last few weeks we sent you a survey asking for your help to improve service to taxpayers. We are interested in your thoughts and opinions about your experience with the Taxpayer Advocate Service.

• If you have already completed and sent the survey back to us, thank you!

• If not, please take a few minutes today to complete and return the survey. A postage paid envelope is included.

If you have any questions or need assistance in completing this survey please contact John Casstevens at 904-

665-1023.

**Privacy Act Notice**

The primary purpose for requesting this information is to help the IRS improve its service to taxpayers. Our authority for requesting the information is 5 USC and 26 USC 7801. Providing information is voluntary. However, if you do not answer all or part of the survey questions, the IRS and TAS may lack information it could use to improve taxpayer service. TAS is required to follow confidentiality protections required by the Privacy Act and /or Internal Revenue Code section 6103.

We appreciate your participation. Thank you for your help.

Sincerely, Nina E. Olson

National Taxpayer Advocate

Enclosures: Survey Questionnaire

Postage Paid Envelope

The Taxpayer Advocate Service (TAS) is an independent organization within the IRS which helps taxpayers to resolve problems with the IRS. The TAS is asking you to participate in a short survey. Your cooperation in answering these questions will help to ensure that you, whether a taxpayer or tax professional, receive fair, courteous, and timely treatment from the TAS. We ask that you think only about your most recent experience with the TAS. Even though you may have had contacts with other personnel of the IRS, please limit your responses to your experience with the Taxpayer Advocate Service.

Please darken the circles associated with your answer with a dark pen or #2 pencil.

How many times have you used the Taxpayer Advocate Service?

|  |
| --- |
| **1** |
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1 time

2 to 3 times

3 to 5 times

6 or more times

How did your learn about the Taxpayer Advocate Service?



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| **2** |
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IRS employee, either in person or by phone

Referral from a tax practitioner, tax professional, tax service, or tax preparation clinic

Referral from a congressional source

The IRS Web site, IRS.gov

The Taxpayer Advocate Service Web site, IRS.gov/Advocate

Another Web site, please specify

TAS or IRS generated media—literature, advertising, or news story.

Previous experience with TAS/general knowledge of TAS as professional tax practitioner

Official IRS publication or form, or official notice or letter sent by IRS Telephone directory

TAS called taxpayer—referral source unknown

Never used the Taxpayer Advocate Service

Other

**3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For each question below, please complete the response that best describes your |  | | | | |
| experience. For each statement, please indicate if you were very satisfied, somewhat  satisfied, neither, somewhat dissatisfied or very dissatisfied. How satisfied are you….? | **Very**  **Satisfied** | **Somewhat**  **Satisfied** | **Neither** | **Somewhat**  **Dissatisfied** | **Very**  **Dissatisfied** |

**a** With your Advocate's explanation of what he or she would do to help you with your problem?

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**b** That your Advocate treated you with courtesy?



**c** With your Advocate’s explanation of the time it would take to work your case?

**d** With your Advocate’s updates on the progress of your case?

**e** That your Advocate listened to you?

**f** That your Advocate did his or her best to solve your problem?

**g** That your Advocate stayed with you every step of the way?

**h** That your Advocate cared about helping you?

**i** With your Advocate’s responsiveness?

**j** With your Advocate’s explanation of what caused your problem?

**k** That your Advocate was easy to reach?

**l** With the length of time it took to work your case?

**m** That your Advocate treated you fairly?

**n** With your Advocate’s knowledge of your specific issue?

**o** With your's Advocate's explanation of the final outcome?

**p** With your Advocate’s explanation of your rights as it applied to your case?

**4** Did you receive any letters from the Taxpayer Advocate Service? Yes

No

**5**

If question 4 is "Yes", how satisfied are you with the helpfulness of the letters you received? (If you did not receive any correspondence please mark N/A).

**Very**

**Satisfied**

**Somewhat**

**Satisfied Neither**

**Somewhat**

**Dissatisfied**

**Very**

**Dissatisfied N/A**

To what extent did the Taxpayer Advocate Service solve your problem? Completely

|  |
| --- |
| **6** |
|  |
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Partially

Not at all

Case is still open

**7** If you answered "Partially" or "Not at all to Question 6, how satisfied are you with your Advocate's explanation of why the Taxpayer Advocate Service couldn't solve your problem?

**Very**

**Satisfied**

**Somewhat**

**Satisfied Neither**

**Somewhat**

**Dissatisfied**

**Very**

**Dissatisfied**

**8**

Thinking only of your interactions with the Taxpayer Advocate Service and not other parts of the IRS,

overall how satisfied are you with your Taxpayer Advocate Service experience?

If you marked "Somewhat Dissatisfied" or" Very Dissatisfied" to Question 8, what are the main reasons you are dissatisfied with the Taxpayer Advocate Service? You can mark more than one response or enter a short comment.



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| **9** |
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Employee didn’t do enough to help me (Gave up) Employee did not keep me informed

Problem isn’t resolved

Employee was not concerned about my issues (Lack of empathy) Took too long to solve my problem

Didn’t receive the outcome I wanted (No refund/No adjustment) The process was unfair

The laws/rules are unfair

Employee was not fair

Other

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| **10** |  |
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If you marked "Very Satisfied" or" Somewhat Satisfied" to Question 8, what are the main reasons you are Satisfied with the Taxpayer Advocate Service? You can mark more than one response or enter a short comment.

Problem was resolved to my satisfaction Problem was resolved in a timely manner Employee was very informative (Communicative)

Employee was very helpful

Employee was concerned about resolving my issues (Empathy) Employee followed through very well

Other

**11**

How could the Taxpayer Advocate Service improve the service you received? Please include a brief

written comment below.

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| --- | --- |
| **12** | As a result of your experience with the Taxpayer Advocate Service, would you say your impression of the IRS is:  Much more positive  More positive  About the same |
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More negative

Much more negative

**Demographics Section**

[Please respond to these questions ONLY if you are the taxpayer, not a taxpayer’s representative/POA or business. You can skip any questions you don’t want to answer in this section.

Which of the following do you have in your household?

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| **13** |
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Personal Computer (such as desktop, laptop or tablet) Access to the internet

Cell Phone

Landline home telephone

Which of the following describes the highest level of education that you have attained? Less than high school diploma

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| **14** |
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High school graduate (or GED)

Technical or vocational school graduate

College degree

Graduate degree

What is your household income? Less than $25,000

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| **15** |
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$25,000 but less than $35,000

$35,000 but less than $50,000

$50,000 but less than $75,000

$75,000 but less than $100,000

$100,000 or more

What is your age? Under 18

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| --- |
| **16** |
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18-24

25-34

35-44

45-54

55-64

65+

**17** What is your gender?

Male

Female

How many people in your household?

|  |
| --- |
| **18** |
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1

2

3 to 4

5 or more

**19** How would you define your marital status or domestic status?

Married

Divorced Separated Widowed

Domestic Partnership

Single

Other

What is the primary language spoken in your household? English

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| **20** |
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Spanish Chinese French Tagalog Vietnamese Korean

Other

**Paperwork Reduction Act**: We are required by law to report to you the OMB Control Number for this public information request. That number is 1545-1432. If you have any comments about the time estimate for completing the survey or about ways to improve the survey, please write to the Internal Revenue Service, Special Services Section, SE:W:CAR:MP:T:M:S, Room 6129, 1111 Constitution Ave. NW, Washington, DC 20224.