Virtual Service Delivery Customer Satisfaction Survey

Your participation in this voluntary survey is very important to us. Your feedback will be used to help improve our service to the public. Your participation should take 5 minutes or less.

1.	Please indicate your satisfaction with the following aspects of service: Very Dissatisfied				Very	Very Satisfied				
	Overall satisfaction with service	(1)	(2)	(3)	(4)	(5)				
	Promptness of service	(1)	(2)	(3)	(4)	(5)				
	Professionalism of staff	(1)	(2)	(3)	(4)	(5)				
	Knowledge of staff Process of scheduling an appointment	(1) (1)	(2) (2)	(3) (3)	(4) (4)	(5) (5)	(n/a)			
	1 rocess of scheduling all appointment	(1)	(2)	(3)	(4)	(3)	(11/a)			
2.	Please indicate your satisfaction with the following aspects of Virtual Service Delivery:									
	Very	Very	Very Satisfied							
	Overall satisfaction with virtual service provided	(1)	(2)	(3)	(4)	(5)				
	Picture clarity	(1)	(2)	(3)	(4)	(5)				
	Audio clarity	(1)	(2)	(3)	(4)	(5)				
	The flow/timing of communication	(1)	(2)	(3)	(4)	(5)				
	Privacy of communication	(1)	(2)	(3)	(4)	(5)				
	Ability to share documents	(1)	(2)	(3)	(4)	(5)				
	Ease of understanding who was next to receive assistance	(1)	(2)	(3)	(4)	(5)				
3.	Have you previously visited a local IRS office such as thi () Yes () No	s one?								
4.	What was the main tax issue for your visit today?									
	() To answer a tax law question () Identity th					_				
	() Resolve an IRS notice or letter () Form 2290					Jse Tax	:)			
		() Employer Identification Number (EIN)								
	· ·	Check on refund status () Individual Taxpayer Identification Number (ITIN)								
	() Get tax account information () Taxpayer Advocate Service (TAS) () Request tax form or instruction booklets () Other (please specify):									
_	· · ·	_	- '	icano l	oforo v	our wiei				
5.	Did you use any of the following methods to try to resolv Visit the IRS website (IRS.gov)	e your n	iiaiii tax	. 155ue L	-		i today:			
	Call the IRS 1-800 number (please do not include calls to	**	() Yes () No () Yes () No							
	Use Tax Software						() Yes () No			
					**	**				
	Ask a Paid Preparer				**	s () No				
	Email the IRS				~	s () No				
	Visit an IRS office				**	s () No				
	Send Correspondence to IRS				() Ye	s () No				
6.										
		l – 45 m								
	\Box 6 – 10 minutes \Box 46	5 – 60 m	inutes							

	☐ 11 – 20 minutes ☐ 21 – 30 minutes		☐ 61 – 90 minutes ☐ More than 90 minutes				
7.	How long did you wait to re ☐ Immediately (no wait) ☐ 1 – 5 minutes ☐ 6 – 10 minutes ☐ 11 – 20 minutes	eceive assistance today?	☐ 21 – 30 minutes ☐ 31 – 45 minutes ☐ More than 45 minutes				
8.	How did you <i>first</i> find out to apply) ☐ Friend, family member of Told/read when I came to a read to a r	or co-worker to this IRS office y, accountant	ired an appointment for service? (Please select all that ☐ IRS website ☐ IRS phone representative ☐ Business (e.g., mortgage company college/university) ☐ News media (e.g., newspaper, radio, television, Internet news site) ☐ Other				
9.	Did the IRS representative answer all of your questions today? () Yes () No						
10	. Will the information you reyour reason for the visit? () Yes () No	-	the need for further contact with the IRS regarding				
11.	. If offered to you, would you () Yes () No	_	al service again during a future visit?				
12.	. If offered to you, would you () Yes () No	_	al service from a home computer?				
13	. When you contacted the IRS requesting the appointment □ Same day □ Next day □ 2-5 business days						
14	. How long did you <u>actually</u> ☐ Same day ☐ Next day ☐ 2-5 business days	wait between requestin 2 weeks 3 or more	g the appointment and the appointment itself? weeks				
18	What category best describe □ Less than \$15,000 □ \$15,000 but less than \$25 □ \$25,000 but less than \$35 □ \$35,000 but less than \$50	□ \$50 5,000 □ \$79 5,000 □ \$10	sehold income? 0,000 but less than \$75,000 5,000 but less than \$100,000 00,000 or more				
19	. What category describes yo () 18 to 24 years	ur current age? () 45 to 54 years	() 75 to 84 years				

() 25 to 34 years() 35 to 44 years	() 55 to 64 years () 65 to 74 years	() 85 years and over							
 0. Do you have any of the following long-lasting conditions? (Please select all that apply) □ Deafness □ Severe Vision Impairment □ Severe Hearing Impairment □ Severe Speech Impairment □ A condition that substantially limits your physical abilities (such as standing or walking) □ A condition that limits learning or remembering □ Some other condition □ Do not have a long-term condition 									
21. How often do you access the Internet?									
□ Never□ Less than once a week□ Once a week	☐ Onc	eral times a week e a day eral times a day							
22. Do you regularly use a mob	ile phone?								
 ☐ Yes, regular mobile phone ☐ Yes, Smartphone (mobile phone with applications and Internet access) ☐ No 									
23. Overall, how well were your expectations for this visit met?									
24. Do you have any comments or suggestions regarding the virtual assistance delivery you experienced today including your opinions on how virtual assistance compares to in-person assistance.									

Thank you for completing this survey. Your feedback will be used to help improve our service to the public.

Paperwork Reduction Act Notice

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests along with the address where you can send comments regarding this study. The OMB number for this study is 1545-1432. If you have any comments regarding this study, please write to: IRS Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Avenue, NW, Washington, DC 20224