

# IRS Pilot – Social Security Administration ID Proofing Survey

Your participation in this voluntary survey is very important to the Internal Revenue Service (IRS). 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:**

	Very Dissatisfied				Very Satisfied
	▼				▼
Overall satisfaction with today's visit	1	2	3	4	5
Building location/convenience	1	2	3	4	5
Ease of finding building	1	2	3	4	5
Process of scheduling an appointment	1	2	3	4	5
Time between scheduling and appointment	1	2	3	4	5

**2. About how long did it take you to travel to this location?**

- |  |   |
|--|---|
| <input type="checkbox"/> 0-5 minutes   | <input type="checkbox"/> 31-45 minutes        |
| <input type="checkbox"/> 6-10 minutes  | <input type="checkbox"/> 46-60 minutes        |
| <input type="checkbox"/> 11-20 minutes | <input type="checkbox"/> 61-90 minutes        |
| <input type="checkbox"/> 21-30 minutes | <input type="checkbox"/> More than 90 minutes |

**3. What is the zip code of the location where you traveled from today?**

\_\_\_\_\_

**4. Please rate your willingness to return to a Social Security office such as this one if you had to complete a similar task for the IRS in the future.**

- |   |   |
|---|---|
| <input type="checkbox"/> Very willing     | <input type="checkbox"/> Somewhat unwilling |
| <input type="checkbox"/> Somewhat willing | <input type="checkbox"/> Very unwilling     |
| <input type="checkbox"/> Neutral          |   |

**5. Is this the first year you received an IRS notice informing you of potential Identity Theft during return processing?**

- Yes     No (For what years? \_\_\_\_\_)

**6. Did you bring all needed materials with you to the appointment to resolve the issue?**

- Yes (go to question 8)     No (go to question 7)

**7. What information or materials did you need for the appointment but did not have with you?**

\_\_\_\_\_

**8. When you called to make an appointment, how long did you EXPECT to wait between requesting the appointment and the actual appointment?**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Same day | <input type="checkbox"/> 2-5 business days | <input type="checkbox"/> 3 or more weeks |
| <input type="checkbox"/> Next day | <input type="checkbox"/> 2 weeks           |  |

**9. How long did you ACTUALLY wait between requesting the appointment and the appointment itself?**

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Same day | <input type="checkbox"/> 2-5 business days | <input type="checkbox"/> 3 or more weeks |
| <input type="checkbox"/> Next day | <input type="checkbox"/> 2 weeks           |  |

**10. Were you provided the assistance needed to verify your identity today?**

- Yes     No

**11. What category best describes your annual household income?**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than \$15,000              | <input type="checkbox"/> \$50,000 but less than \$75,000  |
| <input type="checkbox"/> \$15,000 but less than \$25,000 | <input type="checkbox"/> \$75,000 but less than \$100,000 |
| <input type="checkbox"/> \$25,000 but less than \$35,000 | <input type="checkbox"/> \$100,000 or more                |
| <input type="checkbox"/> \$35,000 but less than \$50,000 |   |

**12. What category describes your current age?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 18 to 24 years | <input type="checkbox"/> 45 to 54 years | <input type="checkbox"/> 75 to 84 years    |
| <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> 55 to 64 years | <input type="checkbox"/> 85 years and over |
| <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> 65 to 74 years |  |

**13. How often do you access the Internet?**

- |  |   |
|--|---|
| <input type="checkbox"/> Never                 | <input type="checkbox"/> Several times a week |
| <input type="checkbox"/> Less than once a week | <input type="checkbox"/> Once a day           |
| <input type="checkbox"/> Once a week           | <input type="checkbox"/> Several times a day  |

**14. Do you have any comments or suggestions regarding your experience today?**

\_\_\_\_\_

**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. The OMB Control Number for this study is 1545-1432. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to the, Internal Revenue Service, Special Services Section, SE:W:CAR:MP:T:M:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

OMB# 1545-1432

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### **Invitation Script for Collecting Information:**

Customers who have an appointment at a SSA site will be offered to complete the paper point of service survey after their SSA interaction. The SSA representative will invite taxpayers using the following script. Script: You have been selected for an anonymous IRS improvement survey. It will take under five minutes to complete. Would you like to participate in this voluntary survey