

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

{TAS Letterhead stationary}

Date:

John Doe  
123 Main Street  
Anytown, CT 66666

Dear [Taxpayer's Name],

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.<sup>1</sup>

### **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 904-661-3146.

### **Verification**

To verify the authenticity of our survey, please visit [www.irs.gov](http://www.irs.gov) and enter the search term "[customer surveys](#)." 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

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<sup>1</sup> **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.

## [Exhibit B-TAS Survey – Cover Ltr with Questions]

{TAS Letterhead stationary}

Date:

John Doe  
123 Main Street  
Anytown, CT 66666

Dear [Taxpayer's Name],

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 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 904-661-3146.

To verify the authenticity of our survey, please visit [www.irs.gov](http://www.irs.gov) and enter the search term "[customer surveys](#)." 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

Enclosures: Survey Questionnaire  
Postage Paid Envelope

## [Exhibit C – TAS Survey – 2<sup>nd</sup> Cover Letter with Questionnaire]

{TAS Letterhead stationary}

Date:

John Doe  
123 Main Street  
Anytown, CT 66666

Dear [Taxpayer's Name],

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 904-661-3146.

### **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

**[Exhibit D – TAS Survey – Reminder Postcard]**

Dear Taxpayer or POA:

In the last few weeks the Taxpayer Advocate Service 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.

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Catalog Number 69181U

[WWW.IRS.GOV](http://WWW.IRS.GOV)

FORM 14783

**Taxpayer Advocate Service Survey**

The Taxpayer Advocate Service (TAS) is an independent organization within the IRS, which helps taxpayers 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. Even though you may have had contacts with other personnel of the IRS, please limit your responses to your experience with the TAS. The primary purpose for requesting this information is to help the IRS improve its service to taxpayers. 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. We will keep your identity private to the extent permitted by law.

For each question below, please complete the response that best describes your experience. Please indicate if you were:

5 = Very satisfied 4 = Somewhat Satisfied 3 = Neither 2 = Somewhat dissatisfied 1 = Very dissatisfied

|   | Very Satisfied<br>5   | Somewhat Satisfied<br>4 | Neither<br>3          | Somewhat Dissatisfied<br>2 | Very Dissatisfied<br>1 |
|---|-----------------------|-------------------------|-----------------------|----------------------------|------------------------|
| <b>1. How satisfied are you ...</b>   |                       |                         |                       |                            |                        |
| a. With your advocate's explanation of what he or she would do to help you with your problem? | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| b. That your advocate treated you with courtesy?  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| c. With your advocate's explanation of the time it would take to work your case?              | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| d. With your advocate's updates on the progress of your case?                                 | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| e. That your advocate listened to you?  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| f. That your advocate did his or her best to solve your problem?                              | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| g. That your advocate stayed with you every step of the way?                                  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| h. That your advocate cared about helping you?  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| i. With your advocate's responsiveness?   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| j. With your advocate's explanation of what caused your problem?                              | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| k. That your advocate was easy to reach?  | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| l. With the length of time it took to work your case?   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |
| m. That your advocate treated you fairly?   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/>  |

Please continue to use the following scale through question 3:

5 = Very satisfied 4 = Somewhat Satisfied 3 = Neither 2 = Somewhat dissatisfied 1 = Very dissatisfied

| 1. How satisfied are you ...   | Very Satisfied        | Somewhat Satisfied    | Neither               | Somewhat Dissatisfied | Very Dissatisfied     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| n. With your advocate's knowledge of your specific issue?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. With your advocate's explanation of the final outcome?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. With your advocate's explanation of your rights as it applied to your case?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Thinking only of your satisfaction with the Taxpayer Advocate Service and not other parts of the IRS, overall how satisfied are you with your Taxpayer Advocate Service experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How satisfied are you with the helpfulness of the letters you received (if you did not receive any correspondence, please mark N/A).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- Completely
- Partially
- Not at all
- Case is still open

5. 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
- Same
- More negative
- Much more negative

6. How could the Taxpayer Advocate Service improve the service you received? Please include a brief written comment below.

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This completes our survey; however, 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, 1111 Constitution Ave. NW Washington, DC 20224.

