**RECRUITMENT LETTER**

 Control Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Revenue Service

W&I Research Group 1

1222 Spruce Street, Stop 1090STL

St. Louis, MO 63103

Attention: Customer Service Survey

Month xx, 2020

<<Control Number>>

<<Name>>

<<Street Address>>

<<City>>, <<State>> <<Zip Code>>

Dear <<taxpayer’s name>>:

We are conducting a focus group with taxpayers. The purpose of this focus group is to better understand taxpayers’ experiences when authenticating their identity. To protect taxpayers against identity theft, the IRS will, in certain cases, ask taxpayers to verify their identity by providing certain information or documentation. We are meeting with a small group of taxpayers in (city, state) on the evening of (date). We would like you to share your experience when you authenticated your identity with the IRS. We are interested in your thoughts and ideas about how the IRS can improve this process.

The Paperwork Reduction Act requires us to provide you with the OMB approval number which is **1545-1349.** If you have any comments regarding this study, please write to:

IRS

Special Services Committee

SE:W:CAR:MP:T:M:S – Room 6129

1111 Constitution Avenue, NW

Washington, DC 20224

Remember to include the OMB approval number in all correspondence.

You were selected at random to receive this letter. The focus group should take no more than three hours of your time (including travel time). At the end of the focus group, participants will be paid for their time and help. We hope you will volunteer to be part of our discussion group. If you are interested, please call or write:

Identity Theft Authentication Focus Group

Month xx, 2020

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* Telephone – call us toll-free at 1-877-xxx-xxxx with the following information:
	+ Your Name and address,
	+ Your phone number & the best time to reach you, and
	+ Control number (shown on top right of this letter).
* Mail – fill out the attached form and return it in the enclosed postage-paid envelope.
* email – \*TASfocusgroup@irs.gov (include the information listed above).

Group size is limited so please respond promptly (but no later than (date). If you are selected, we will contact you. Your help is an important public service.

Your opinion is important to us and what you say will remain confidential. Only summary information will be used in our reports.

Thank you in advance for your help.

Sincerely,

(Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer Advocate Service

(Title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosures