

# Consumer Tipping Survey

Welcome to the 2016 Survey on Consumer Behaviors. The purpose of this survey is to explore consumer's behavior with respect to specific goods and services in the United States. In this short survey, we will ask you about what, if any, transactions of these types have occurred within the last calendar day. This survey is being conducted by a third party research group, Fors Marsh Group, LLC.

This survey should take 8 minutes or less to complete.

## SINGLE PUNCH ANSWER

**Q1\_A.** In the last calendar day, have you made any transactions at a *restaurant or other prepared food/drink service*?

- 00 No [SKIP TO Q2\_A]
- 01 Yes

## Instruction Page

On the next page, we will ask you to record one *restaurant or other prepared food/drink service* transaction that you made in the last calendar day. You will have an opportunity to record a separate transaction of this type later. If you had more than one transaction of this type (even at the same establishment and/or during the same visit), please record each separately. Do not record transactions for which you have already provided information. **[NEXT]**

## SINGLE PUNCH ANSWER

**Q1\_B.** What type of service did you receive? Record each transaction separately.

- 01 Full-Service Dining (e.g., traditional restaurants)
- 02 Fast Casual (e.g., Chipotle, Panera)
- 03 Fast Food
- 04 Carry-out/Delivery
- 05 Bar
- 06 Coffee Shops
- 07 Ice Cream/Smoothie Shops
- 08 Self-Service/Cafeteria/Buffets
- 09 Food Cart/Truck
- 99 Refused
- 100 Valid Skip

///If -99/Refused issue soft prompt to respondents before allowing them to proceed///

## SINGLE PUNCH ANSWER

**Q1\_C.** Did you pay for this particular service (**excluding any automatic or voluntary tip**)?

- 00 No [SKIP TO Q1\_F]

- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q1\_D.** What payment type(s) did you use to pay your portion of the bill?  
(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Other
- 100 Valid Skip

**OPEN-ENDED ANSWER**

**Q1\_E.** What was the amount of the bill that you paid? When filling in cents please enter a value from 0-99.  
(after tax, before automatic or voluntary tip)

- \$ [TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q1\_F.** Did the business add an automatic tip for this service? If so, how much did you pay?

- 00 No
- 01 Yes, and the amount was: \$[TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q1\_G.** Did you leave a voluntary tip for this transaction?

- 00 No [SKIP TO Q1\_J]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q1\_H.** What payment type(s) did you use to pay the voluntary tip?  
(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Non-monetary\*
- 09 Other
- 100 Valid Skip

[Instructions at the bottom of response option list] **\*Examples of non-monetary gifts are: concert tickets, a bottle of wine, or a meal. Note that non-monetary gifts should only be recorded if they were used to compensate for the service. Non-monetary gifts that are given as personal tokens of appreciation should not be recorded.**

**OPEN-ENDED ANSWER**

**Q1\_I.** What was the amount of voluntary tip you paid? When filling in cents please enter a value from 0-99.

\$ [TEXT BOX].[TEXT BOX]

-100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q1\_J.** Have you made any other transactions at a *restaurant or other prepared food/drink service* in the last calendar day?

00 No [**SKIP TO Q2\_A**]

01 Yes [**PROCEED TO NEXT INSTRUCTION PAGE**]

-100 Valid Skip

**Instruction Page**

Please record your next transaction in the same way as before. [**PROCEED to new record for Q1\_B**]

**///RANDOMIZE DETERMINE NEXT SERIES OF QUESTIONS, SELECT FROM Q2\_A - Q6\_A. RANDOMLY SELECT AFTER EACH SERIES IS COMPLETE///**

**SINGLE PUNCH ANSWER**

**Q2\_A.** In the last calendar day, have you had any transactions at a *hotel/motel*?

00 No [**SKIP TO Q3\_A**]

01 Yes

[**SHOW Q2\_RATE and Q2\_NIGHTS on same page**]

**OPEN-ENDED ANSWER**

**Q2\_RATE.** What was the average nightly rate for the room?

\$ [TEXT BOX].[TEXT BOX]

-100 Valid Skip

**OPEN-ENDED ANSWER**

**Q2\_NIGHTS.** How many nights did you stay at this hotel?

[TEXT BOX].[TEXT BOX]

-100 Valid Skip

**Instruction Page**

On the next page, we will ask you to record one *hotel/motel* transaction that you made in the last calendar day. You will have an opportunity to record a separate transaction of this type later. If you had more than one transaction of this type (even at the same establishment and/or during the same visit), please record each separately. Do not record transactions for which you have already provided information.

[NEXT]

**SINGLE PUNCH ANSWER**

**Q2\_B.** What type of service did you receive? Record each transaction separately.

- 01 Concierge/Front Desk Staff
- 02 Housekeeping
- 03 Room Service
- 04 Valet
- 05 Bellhop/Luggage Assistance
- 06 Bar
- 07 Full-Service Dining (e.g., traditional restaurant)
- 08 Self-Service/Cafeteria/Buffets
- 09 Shuttle Service to/from Hotel/Motel
- 99 Refused
- 100 Valid Skip

///**If -99/Refused issue soft prompt to respondents before allowing them to proceed**///  
///

**SINGLE PUNCH ANSWER**

**Q2\_C.** Did you pay for this particular service (**excluding any automatic or voluntary tip**)?

- 00 No [SKIP TO Q2\_F]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q2\_D.** What payment type(s) did you use to pay your portion of the bill?

(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Other
- 100 Valid Skip

**OPEN-ENDED ANSWER**

**Q2\_E.** What was the amount of the bill that you paid? When filling in cents please enter a value from 0-99.

(after tax, before automatic or voluntary tip)

\$ [TEXT BOX].[TEXT BOX]

-100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q2\_F.** Did the business add an automatic tip for this service? If so, how much did you pay?

- 00 No
- 01 Yes, and the amount was: \$[TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q2\_G.** Did you leave a voluntary tip for this transaction?

- 00 No [**SKIP TO Q2\_J**]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q2\_H.** What payment type(s) did you use to pay the voluntary tip?

(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit

- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Non-monetary\*
- 09 Other
- 100 Valid Skip

[Instructions at the bottom of response option list] **\*Examples of non-monetary gifts are: concert tickets, a bottle of wine, or a meal. Note that non-monetary gifts should only be recorded if they were used to compensate for the service. Non-monetary gifts that are given as personal tokens of appreciation should not be recorded.**

**OPEN-ENDED ANSWER**

**Q2\_I.** What was the amount of voluntary tip you paid? When filling in cents please enter a value from 0-99.

- \$ [TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q2\_J.** Have you made any other transactions at a *hotel/motel* in the last calendar day?

- 00 No [SKIP TO Q3\_A]
- 01 Yes
- 100 Valid Skip

**Instruction Page**

Please record your next transaction in the same way as before. **[PROCEED to new record for Q2\_B]**

**SINGLE PUNCH ANSWER**

**Q3\_A.** In the last calendar day, have you made any transactions for *personal grooming, beauty, or massage services*?

- 00 No [SKIP TO Q4\_A]
- 01 Yes

**Instruction Page**

On the next page, we will ask you to record one *personal grooming, beauty, or massage service* transaction that you made in the last calendar day. You will have an opportunity to record a separate transaction of this type later. If you had

more than one transaction of this type (even at the same establishment and/or during the same visit), please record each separately. Do not record transactions for which you have already provided information.

[NEXT]

**SINGLE PUNCH ANSWER**

**Q3\_B.** What type of service did you receive? Record each transaction separately.

- 01 Hair Stylist
- 02 Barber
- 03 Manicurist/Pedicurist
- 04 Massage Therapist
- 05 Waxing/Hair Removal
- 06 Facial/Skin Care
- 07 Makeup Artist
- 99 Refused
- 100 Valid Skip

///If -99/Refused issue soft prompt to respondents before allowing them to proceed///

**SINGLE PUNCH ANSWER**

**Q3\_C.** Did you pay for this particular service (excluding any automatic or voluntary tip)?

- 00 No [SKIP TO Q3\_F]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q3\_D.** What payment type(s) did you use to pay your portion of the bill?

(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Other
- 100 Valid Skip

**OPEN-ENDED ANSWER**

**Q3\_E.** What was the amount of the bill that you paid? When filling in cents please enter a value from 0-99.

(after tax, before automatic or voluntary tip)

\$ [TEXT BOX].[TEXT BOX]

-100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q3\_F.** Did the business add an automatic tip for this service? If so, how much did you pay?

00 No

01 Yes, and the amount was: \$[TEXT BOX].[TEXT BOX]

-100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q3\_G.** Did you leave a voluntary tip for this transaction?

00 No [SKIP TO Q3\_J]

01 Yes

-100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q3\_H.** What payment type(s) did you use to pay the voluntary tip?

(select all that apply)

01 Cash

02 Debit

03 Credit

04 Check

05 Gift Card

06 Smartphone credit or app

07 Paper or online coupon (e.g., Groupon)

08 Non-monetary\*

09 Other

-100 Valid Skip

[Instructions at the bottom of response option list] **\*Examples of non-monetary gifts are: concert tickets, a bottle of wine, or a meal. Note that non-monetary gifts should only be recorded if they were used to compensate for the service. Non-monetary gifts that are given as personal tokens of appreciation should not be recorded.**

**OPEN-ENDED ANSWER**

**Q3\_I.** What was the amount of voluntary tip you paid? When filling in cents please enter a value from 0-99.

\$ [TEXT BOX].[TEXT BOX]



-100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q3\_J.** Have you made any other transactions for *personal grooming, beauty, or massage services* in the last calendar day?

- 00 No [SKIP TO Q4\_A]
- 01 Yes [PROCEED TO NEXT INSTRUCTION PAGE]
- 100 Valid Skip

**Instruction Page**

Please record your next transaction in the same way as before. [PROCEED to new record for Q3\_B]

**SINGLE PUNCH ANSWER**

**Q4\_A.** In the last calendar day, have you made any transactions for *moving or household maintenance services*?

- 00 No [SKIP TO Q5\_A]
- 01 Yes

**Instruction Page**

On the next page, we will ask you to record one *moving or household maintenance service* transaction that you made in the last calendar day. You will have an opportunity to record a separate transaction of this type later. If you had more than one transaction of this type (even at the same establishment and/or during the same visit), please record each separately. Do not record transactions for which you have already provided information.

[NEXT]

**SINGLE PUNCH ANSWER**

**Q4\_B.** What type of service did you receive? Record each transaction separately.

- 01 Professional Movers
- 02 Maid or Cleaning Service
- 03 Lawn/Gardening Service
- 04 Handyman/Repairman
- 05 Equipment Rental
- 99 Refused
- 100 Valid Skip

///If -99/Refused issue soft prompt to respondents before allowing them to proceed///

**SINGLE PUNCH ANSWER**

**Q4\_C.** Did you pay for this particular service (**excluding any automatic or voluntary tip**)?

- 00 No [**SKIP TO Q4\_F**]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q4\_D.** What payment type(s) did you use to pay your portion of the bill?  
(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Other
- 100 Valid Skip

**OPEN-ENDED ANSWER**

**Q4\_E.** What was the amount of the bill that you paid? When filling in cents please enter a value from 0-99.  
(after tax, before automatic or voluntary tip)

- \$ [TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q4\_F.** Did the business add an automatic tip for this service? If so, how much did you pay?

- 00 No
- 01 Yes, and the amount was: \$[TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q4\_G.** Did you leave a voluntary tip for this transaction?

- 00 No [**SKIP TO Q4\_J**]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q4\_H.** What payment type(s) did you use to pay the voluntary tip?

(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Non-monetary\*
- 09 Other
- 100 Valid Skip

[Instructions at the bottom of response option list] **\*Examples of non-monetary gifts are: concert tickets, a bottle of wine, or a meal. Note that non-monetary gifts should only be recorded if they were used to compensate for the service. Non-monetary gifts that are given as personal tokens of appreciation should not be recorded.**

**OPEN-ENDED ANSWER**

**Q4\_I.** What was the amount of voluntary tip you paid? When filling in cents please enter a value from 0-99.

\$ [TEXT BOX].[TEXT BOX]

- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q4\_J.** Have you made any other transactions for *moving or household maintenance services* in the last calendar day?

- 00 No [SKIP TO Q5\_A]
- 01 Yes [PROCEED TO NEXT INSTRUCTION PAGE]
- 100 Valid Skip

**Instruction Page**

Please record your next transaction in the same way as before. [PROCEED to new record for Q4\_B]

**SINGLE PUNCH ANSWER**

**Q5\_A.** In the last calendar day, have you made any transactions at a *casino*?

- 00 No [SKIP TO Q6\_A]
- 01 Yes

**Instruction Page**

On the next page, we will ask you to record one *casino* transaction that you made in the last calendar day. You will have an opportunity to record a separate transaction of this type later. If you had more than one transaction of this type (even at the same establishment and/or during the same visit), please record each separately. Do not record transactions for which you have already provided information.

[NEXT]

**SINGLE PUNCH ANSWER**

**Q5\_B.** What type of service did you receive? Record each transaction separately.

- 01 Dealers [SKIP TO Q5\_F]
- 02 Floor Servers
- 03 Bar
- 04 Full-Service Dining (e.g., traditional restaurant)
- 05 Self-Service/Cafeteria/Buffets
- 06 Shuttle Service to/from Casino
- 07 Valet
- 99 Refused
- 100 Valid Skip

///If -99/Refused issue soft prompt to respondents before allowing them to proceed///

**SINGLE PUNCH ANSWER**

**Q5\_C.** Did you pay for this particular service (excluding any automatic or voluntary tip)?

- 00 No [SKIP TO Q5\_F]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q5\_D.** What payment type(s) did you use to pay your portion of the bill?

(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Other

-100 Valid Skip

**OPEN-ENDED ANSWER**

**Q5\_E.** What was the amount of the bill that you paid? When filling in cents please enter a value from 0-99.  
(after tax, before automatic or voluntary tip)

\$ [TEXT BOX].[TEXT BOX]

-100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q5\_F.** Did the business add an automatic tip for this service? If so, how much did you pay?

00 No

01 Yes, and the amount was: \$[TEXT BOX].[TEXT BOX]

-100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q5\_G.** Did you leave a voluntary tip for this transaction?

00 No [SKIP TO Q5\_J]

01 Yes

-100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q5\_H.** What payment type(s) did you use to pay the voluntary tip?  
(select all that apply)

01 Cash

02 Debit

03 Credit

04 Check

05 Gift Card

06 Smartphone credit or app

07 Paper or online coupon (e.g., Groupon)

08 Non-monetary\*

09 Other

-100 Valid Skip

[Instructions at the bottom of response option list] **\*Examples of non-monetary gifts are: concert tickets, a bottle of wine, or a meal. Note that non-monetary gifts should only be recorded if they were used to compensate for the service. Non-monetary gifts that are given as personal tokens of appreciation should not be recorded.**

**OPEN-ENDED ANSWER**

**Q5\_I.** What was the amount of voluntary tip you paid? When filling in cents please enter a value from 0-99.

\$ [TEXT BOX].[TEXT BOX]

-100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q5\_J.** Have you made any other transactions at a *casino* in the last calendar day?

00 No [**SKIP TO Q6\_A**]

01 Yes [**PROCEED TO NEXT INSTRUCTION PAGE**]

-100 Valid Skip

**Instruction Page**

Please record your next transaction in the same way as before. [**PROCEED to new record for Q5\_B**]

**SINGLE PUNCH ANSWER**

**Q6\_A.** In the last calendar day, have you made any transactions for a *taxi, limousine, rideshare, or shuttle service*?

00 No [**SKIP TO DEM\_4**]

01 Yes

**Instruction Page**

On the next page, we will ask you to record one transaction you have made for a *taxi, limousine, rideshare, or shuttle service*. Do not record transactions for which you have already provided information. [**NEXT**]

**SINGLE PUNCH ANSWER**

**Q6\_B.** What type of service did you receive? Record each transaction separately.

01 Limousine

02 Standard Taxi (e.g., "yellow cabs")

03 Uber, Lyft, or other Ride-Share service

04 Shuttle Service (e.g., Super Shuttle)

05 Valet

-99 Refused

-100 Valid Skip

**///If -99/Refused issue soft prompt to respondents before allowing them to proceed///**

**SINGLE PUNCH ANSWER**

**Q6\_C.** Did you pay for this particular service (**excluding any automatic or voluntary tip**)?

- 00 No [**SKIP TO Q6\_F**]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q6\_D.** What payment type(s) did you use to pay your portion of the bill?

(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Other
- 100 Valid Skip

**OPEN-ENDED ANSWER**

**Q6\_E.** What was the amount of the bill that you paid? When filling in cents please enter a value from 0-99.

(after tax, before automatic or voluntary tip)

- \$ [TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q6\_F.** Did the business add an automatic tip for this service? If so, how much did you pay?

- 00 No
- 01 Yes, and the amount was: \$[TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q6\_G.** Did you leave a voluntary tip for this transaction?

- 00 No [**SKIP TO Q6\_J**]
- 01 Yes
- 100 Valid Skip

**MULTIPLE PUNCH ANSWER**

**Q6\_H.** What payment type(s) did you use to pay the voluntary tip?  
(select all that apply)

- 01 Cash
- 02 Debit
- 03 Credit
- 04 Check
- 05 Gift Card
- 06 Smartphone credit or app
- 07 Paper or online coupon (e.g., Groupon)
- 08 Non-monetary\*
- 09 Other
- 100 Valid Skip

[Instructions at the bottom of response option list] **\*Examples of non-monetary gifts are: concert tickets, a bottle of wine, or a meal. Note that non-monetary gifts should only be recorded if they were used to compensate for the service. Non-monetary gifts that are given as personal tokens of appreciation should not be recorded.**

**OPEN-ENDED ANSWER**

**Q6\_I.** What was the amount of voluntary tip you paid? When filling in cents please enter a value from 0-99.

- \$ [TEXT BOX].[TEXT BOX]
- 100 Valid Skip

**SINGLE PUNCH ANSWER**

**Q6\_J.** Have you made any other transactions for a *taxi, limousine, rideshare, or shuttle service* in the last calendar day?

- 00 No [SKIP TO DEM\_4]
- 01 Yes [PROCEED TO NEXT INSTRUCTION PAGE]
- 100 Valid Skip

**Instruction Page**

Please record your next transaction in the same way as before. [PROCEED to new record for Q6\_B]

**[Note: Demographic items 1-8 will be captured by the frame file of GfK and will not be asked. Ipsos will ask demographic item of participants at the beginning of the survey.]**

**SINGLE PUNCH ANSWER**

**DEM\_1.** What is your age?



<Text box>

**SINGLE PUNCH ANSWER**

**DEM\_2.** In which ZIP code do you live?

<Text box>

**SINGLE PUNCH ANSWER**

**DEM\_3.** What is your gender?

- 01 Male
- 02 Female

**SINGLE PUNCH ANSWER**

**DEM\_4.** Are you of Hispanic or Latino origin (ethnicity)?

- 01 Yes, of Hispanic origin
- 02 No, not of Hispanic origin

**MULTIPLE PUNCH ANSWER**

**DEM\_5.** What is your race? Please select one or more. Are you...

- 01 White
- 02 Black or African-American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian or Alaskan Native
- 06 Other

**SINGLE PUNCH ANSWER**

**DEM\_6.** Please indicate your highest level of educational attainment:

- 01 No formal education
- 02 1st, 2nd, 3rd, or 4th grade
- 03 5th or 6th grade
- 04 7th or 8th grade
- 05 9th grade
- 06 10th grade
- 07 11th grade
- 08 12th grade NO DIPLOMA

- 09 HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent GED)
- 10 Some college, no degree
- 11 Associate degree
- 12 Bachelors of degree
- 13 Master's degree
- 14 Professional or Doctorate degree

**SINGLE PUNCH ANSWER**

**DEM\_7.** Please indicate your employment status:

- 01 Working - as a paid employee
- 02 Working - self-employed
- 03 Not working - on temporary layoff from a job
- 04 Not working - looking for work
- 05 Not working - retired
- 06 Not working - disabled
- 07 Not working - other

**SINGLE PUNCH ANSWER**

**DEM\_8.** Please indicate your annual household income:

- 01 Less than \$5,000
- 02 \$5,000 to \$7,499
- 03 \$7,500 to \$9,999
- 04 \$10,000 to \$12,499
- 05 \$12,500 to \$14,999
- 06 \$15,000 to \$19,999
- 07 \$20,000 to \$24,999
- 08 \$25,000 to \$29,999
- 09 \$30,000 to \$34,999
- 10 \$35,000 to \$39,999
- 11 \$40,000 to \$49,999
- 12 \$50,000 to \$59,999
- 13 \$60,000 to \$74,999
- 14 \$75,000 to \$84,999
- 15 \$85,000 to \$99,999
- 16 \$100,000 to \$124,999
- 17 \$125,000 to \$149,999
- 18 \$150,000 to \$174,999
- 19 \$175,000 or more

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this survey is 1545-2261. We estimate the time required to be eight minutes. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to:

Internal Revenue Service  
Tax Product Coordinating Committee  
1111 Constitution Avenue NW  
Washington, DC 20224