Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1545-2256)

TITLE OF INFORMATION COLLECTION: Secure Access Usability Study

PURPOSE:

The IRS aims to provide online services to taxpayers in the least amount of time that does not compromise on security or satisfaction. Secure Access (eAuthentication) is key to accessing online services, but currently serves as a barrier to many taxpayers. OLS will prototype 1-2 key components of the Secure Access / eAuthentication application flow that meets new NIST Digital Identity requirements and conduct usability testing. The target audience for this research is tax professionals undergoing identity proofing to gain secure access to the e-Services suite and tax professional account. The research report will detail user perceptions and usability issues.

DESCRIPTION OF RESPONDENTS:

Participants will be tax professionals recruited from IRS contacts who have volunteered to participate in research activities. The research team will accept those who have participated in IRS surveys, interviews or usability tests in the past. No financial incentive will be offered to participants.

A call for participants will be sent out to one or more email lists of IRS tax professional contacts. All volunteers will be asked to complete a recruiting questionnaire. Volunteers who meet the study criteria will be coordinated with and scheduled over email.

The recruiting questionnaire will be used to screen and select potential participants. All tax professionals will be return preparers with a PTIN. No PTINs will be requested or recorded, but the recruiting questionnaire will ask whether the individual has a PTIN. The recruiting questionnaire will also ask potential participants to volunteer the following:
* Their primary role as a tax professional
* If they are an ERO (Authorized IRS e-file Provider)
* If they have used e-Services
* If they work for a large tax prep company
* Whether they are Representatives or employees of State Agencies

Those who work for large financial or tax preparation companies or are representatives or employees of State Agencies will be excluded from the study. The research team will aim to select a diverse mix of genders, professional roles (EA, CPA, Attorney), and years of experience in field.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [ ] Customer Satisfaction Survey
[x] Usability Testing (e.g., Website or Software)   [ ] Small Discussion Group

[ ] Focus Group   [ ] Other: ___

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Alcora Walden _____

To assist review, please provide answers to the following question:

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [x] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?   [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [x] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Potential Individual Participants	100	10 minutes	16.7
Individual Participants	20	60 minutes	20
Totals (hours)			**36.7**

FEDERAL COST: N/A

<u>**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**</u>

The selection of your targeted respondents

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

    [x] Yes   [ ] No

    If the answer is yes, please provide a description of both below (or attach the sampling plan)?   If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

    Sampling is discussed in the "Description" section above.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
    [x] Web-based or other forms of Social Media
    [ ] Telephone
    [ ] In-person
    [ ] Mail
    [ ] Other, Explain
2. Will interviewers or facilitators be used? [x] Yes [ ] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.
No. of Respondents: Provide an estimate of the Number of Respondents.
Participation Time: Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)
Burden: Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.