

Script Instructions to the Taxpayer by the TAC Employee

The Individual Tax Advisory Specialist (ITAS) or Initial Assistance Representative (IAR) will offer each taxpayer who is provided assistance at a Taxpayer Assistance Center (TAC) office a Customer Satisfaction Survey (CSS) card on the designated day(s) of the month for their TAC as shown on their CSS Sampling Plan Calendar located on SharePoint. The employee should advise the taxpayer that:

*“Please complete the Customer Satisfaction Survey Card;*

- *Completion of the card is voluntary.*
- *Your feedback is used to improve our customer service.*
- *The card should not be folded.*
- *The completed card should be placed in the survey card drop box (indicate location).”*

(Or, when appropriate, the TAC employee can accept the card and place it into the drop box.)

For Virtual Service Delivery (VSD) sites when the VSD Assistor is offering the survey card, the VSD Assistor will provide instructions to the taxpayer that:

- *The survey card should be located near the monitor.*
- *Place the completed survey card in the survey card drop box located near the VSD monitor.*

On days of the month when the card is not being offered,

- *If a taxpayer questions why they are not offered a survey card, the employee should advise the taxpayer that: *the survey is being offered to taxpayers through a random sample.**
- *If a taxpayer requests the card to provide feedback, the card should be provided to the taxpayer.*

For unstaffed and partner VSD sites, the VSD site Point of Contact (POC) will maintain an ample supply of survey cards near the VSD monitor. Although the cards will be on the desk every day, VSD Assistors will follow the procedures with offering the survey cards only on the designated day(s) of the month.

# Your Opinion Counts!

OMB# 1545-2250

Your participation in this voluntary survey is very important to us. Your feedback about the service provided today will be used to help improve our service to the public. (Please make sure marks completely fill ovals. Please do not make stray marks on the form.)

Use a blue or black ink pen or No. 2 pencil only.



Catalog Number 661 30Z

Please mark the appropriate oval on the scale where 1 means "Very Dissatisfied," 2 means "Dissatisfied," 3 means "Neutral," 4 means "Satisfied," and 5 means "Very Satisfied."

	Very Dissatisfied	Neutral	Very Satisfied		
Overall satisfaction with service	1	2	3	4	5
Promptness of service	1	2	3	4	5
Professionalism of staff	1	2	3	4	5
Knowledge of staff	1	2	3	4	5
Privacy of contact	1	2	3	4	5
Easy to find office	1	2	3	4	5

Please mark the appropriate oval on the scale where 1 means "Much Worse than Expected," 2 means "Worse than Expected," 3 means "As Expected," 4 means "Better than Expected," and 5 means "Much Better than Expected."

Overall, how well were your expectations for this visit met?

Much Worse than Expected	As Expected	Much Better than Expected		
1	2	3	4	5

About how long did it take you to travel to this office today?

0 to 15 minutes     16 to 30 minutes     31 to 45 minutes     46 to 60 minutes     61 or more minutes

Did the IRS representative answer all of your questions today?

Yes     No

Will the information you received today eliminate the need for further contact with the IRS regarding your reason for visiting?

Yes     No

While at the IRS office, did you use a computer connected to the IRS website ([www.irs.gov](http://www.irs.gov)) to receive assistance today?

Yes     No

Did you use a computer screen to communicate with an assistor at another location to receive assistance with your issue today?

Yes     No

Which category best describes your annual household income?

\$15,000 or less     \$15,001 to \$25,000     \$25,001 to \$35,000     \$35,001 to \$50,000     \$50,001 to \$75,000     \$75,001 to \$100,000     \$100,001 or more

Please share your opinions about how we can improve the service.

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Paperwork Reduction Act Notice: The Paperwork Reduction Act requires IRS to display an OMB Control Number on all approved information requests. About 3 minutes will be needed to complete this voluntary questionnaire. If you have comments about the time estimate, or suggestions for simplifying the form, please write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Please do not write in this area.



PLEASE DO NOT FOLD CARD

SERIAL #

Please deposit questionnaire in the box provided.

PLEASE DO NOT FOLD CARD

FORM 13359-A (EN/SP) (Rev. 2-2014)

# ¡Su Opinión Vale!

OMB# 1545-2250

Es  *muy importante para nosotros que usted participe en esta encuesta voluntaria. Sus opiniones acerca del servicio que le dimos hoy nos serán útiles para mejorar el servicio que le brindamos al público. (Asegúrese de llenar los óvalos completamente. No marque en ninguna otra parte del formulario).*



Por favor, marque el encasillado apropiado. El 1 equivale a "Muy Insatisfecho," el 2 "Algo Insatisfecho," el 3 "Neutral," el 4 "Algo Satisfecho," y el 5 "Muy Satisfecho."

	Muy Insatisfecho		Neutral		Muy Satisfecho
Satisfacción general con el Servicio	1	2	3	4	5
Rapidez del servicio	1	2	3	4	5
Profesionalismo del personal	1	2	3	4	5
Capacitación del personal	1	2	3	4	5
Privacidad guardada	1	2	3	4	5
Oficina fácil de encontrar	1	2	3	4	5

¿Le contestó todas sus preguntas el representante del IRS hoy?

Sí  No

¿Opina que con la información que recibió hoy, elimina la necesidad de volverse a comunicar con el IRS referente el asunto que le trajo a la oficina?

Sí  No

Mientras estaba en la oficina del IRS, y como parte de la atención que recibió hoy, ¿utilizó una computadora conectada a la página web del IRS ([www.irs.gov](http://www.irs.gov))?

Sí  No

¿Se comunicó a través de una pantalla con un ayudante que estaba físicamente en otro lugar mientras atendimos su problema hoy?

Sí  No

Por favor, marque el encasillado apropiado. El 1 equivale a "Mucho Peor de lo Anticipado," el 2 "Algo Peor de lo Anticipado," el 3 "Según Anticipado," el 4 "Algo Mejor de lo Anticipado," y el 5 "Mucho Mejor de lo Anticipado."

En general, ¿cómo cumplimos con sus expectativas en esta visita?

Mucho Peor de lo Anticipado		Según Anticipado		Mucho Mejor de lo Anticipado
1	2	3	4	5

¿Cuánto tiempo, más o menos, le tomó su viaje a esta oficina hoy?

0 a 15 minutos  16 a 30 minutos  31 a 45 minutos  46 a 60 minutos  61 minutos o más

¿Qué rango mejor describe los ingresos anuales de su unidad familiar?

\$15,000 o menos  \$15,001 a \$25,000  \$25,001 a \$35,000  \$35,001 a \$50,000  \$50,001 a \$75,000  \$75,001 a \$100,000  \$100,001 o más

Díganos por favor, sobre sus ideas en como podríamos mejorar nuestro servicio.

Blank lines for providing feedback on service improvement.

POR FAVOR NO DOBLE LA TARJETA

Aviso de Ley de Reducción de Trámites: La Ley de Reducción de Trámites requiere que el IRS muestre un Número de Control OMB en toda solicitud de información aprobada. Necesitará alrededor de 3 minutos para completar este cuestionario voluntario. Si tiene cualquier comentario con respecto al tiempo estimado para completar este cuestionario, o alguna sugerencia para hacer más sencillo este formulario, favor de escribir al: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:S, 1111 Constitution Ave. NW, Washington, DC 20224.

**POR FAVOR NO DOBLE LA TARJETA**

Por favor deposite el cuestionario en la caja provista.

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