

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 1545-2290)**

TITLE OF INFORMATION COLLECTION: IRS.gov Main Site Survey

PURPOSE OF COLLECTION:

The Internal Revenue Service (IRS) has a balanced measurement system consisting of business results, customer satisfaction, and employee satisfaction. This initiative is part of the Service-wide effort to maintain a system of balanced organizational performance measures mandated by the IRS Restructuring and Reform Act (RRA) of 1998. This is also a result of Executive Order 12862 that requires all government agencies to survey their customers.

The purpose of this collection is to measure visitor satisfaction with the IRS.gov web site. Information collected will be used to provide meaningful feedback to managers and staff responsible for use in prioritizing feature and usability enhancements. The surveys will assist in assessing overall customer satisfaction and overall quality for balanced measures.

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

2. Who will you collect the information from?

Visitors to the web site will be asked via random sample to participate

3. How will you ask a respondent to provide this information?

An invitation overlay will be presented to users of the application. If the invitation is accepted, a user will be presented an interview form upon exiting the application.

4. What will the activity look like?

The survey will comprise 15 questions, inclusive of the questions required per the A-11 Section 280 guidance.

5. Please provide your question list.

Include as an attachment the questions or prompts presented to participants in your activity. Make sure that all instruments, instructions, and scripts are submitted with the request.

Attached

6. When will the activity happen?

Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10th, or "This survey will remain on our website in alignment with the timing of the overall clearance.")

This survey will remain on our website in alignment with the timing of the overall clearance.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes No

If Yes, describe:

XXX

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	500,000	3 mins	25,000
Totals	500,000	3 mins	25,000

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;

6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publically in the manner described in the umbrella clearance of this control number.

Name: Joshua Jessar

**All instruments used to collect information must include:
OMB Control No. 1545-2290
Expiration Date: 07/31/2023**

HELP SHEET
(OMB Control Number: XXXX-XXXX)

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.

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: 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.

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 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 responses and the participation time and divide by 60.