

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1545-1432)**

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**TITLE OF INFORMATION COLLECTION:** SBSE Field Specialty Employment Tax Customer Satisfaction (CSAT) Survey

**PURPOSE:**

**BACKGROUND:** The mission of the IRS is to provide America’s taxpayers with top-quality service by helping them understand and meet their tax obligations and by applying the tax law with integrity and fairness to all. To promote this mission, one IRS strategic goal is to “improve service to make voluntary compliance easier.” Key to continuous progress towards this goal is the capacity to measure the current state of taxpayer service, track changing taxpayer service expectations and the extent to which they are being met, identify critical taxpayer issues and service deficiencies, and take effective action to address and improve services.

This request for approval specifically addresses the SBSE Field Specialty Employment Tax CSAT survey which measures external customer satisfaction with its products and services to ensure these programs enhance taxpayer's abilities to understand and meet their obligations under Federal tax laws. Feedback from external customer satisfaction surveys is critical for assessing the customer’s perception of our products and services and to help identify, as early as possible, areas/processes that require intervention and improvement.

**DESCRIPTION OF RESPONDENTS:**

Survey participants will be extracted from a random sample of participants after an interaction with the IRS such as closure of an exam or collection action.

**TYPE OF COLLECTION:** (Check one)

- |                                                                       |                                                                  |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                  | <input type="checkbox"/> 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 not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential 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: Robin Saunders

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals or Households	279	5 minutes	23.25
<b>Totals</b>	<b>279</b>		<b>23.25</b>

**Estimated Response Rate:**

**Total Burden Estimate:**

**FEDERAL COST:**

Estimated annual cost for the contractor to administer the Field Specialty Employment Tax Customer Satisfaction Survey is \$18,666.67.

**STATISTICAL METHOD:**

**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**

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?  
 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?

The contractor will select survey recipients from a random sample of individuals who have completed an interaction with the IRS such as closure of an exam or collection action. Each taxpayer or representative in the population has an equal chance of being selected to participate in the survey.

### **Administration of the Instrument**

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 – Microsoft TEAMS or ZOOM for sharing visuals.

2. Will interviewers or facilitators be used?  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”**

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**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.

**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.

**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.

**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.