

**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:** Return Preparer Office Customer Satisfaction Survey

**PURPOSE:**

The IRS Return Preparer Office (RPO) Continuing Education Department is conducting an online survey to measure customer satisfaction for IRS Continuing Education (CE) Providers using the online IRS CE Provider system known as CE-PRATS. The RPO Continuing Education Department has a contractual obligation with the external vendor, Advocacion Strategies, Inc., to perform a survey of the CE-PRATS system users. Feedback from IRS customers (IRS Approved CE Providers) is very important to assess the current satisfaction rate and to evaluate the system's ease of use and to consider needed improvement efforts if necessary.

**DESCRIPTION OF RESPONDENTS:**

The survey is open to all approved IRS Continuing Education Providers. The current population of providers range from large to small businesses.

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

☐ Customer Comment Card/Complaint Form  
☐ Usability Testing (e.g., Website or Software)  
☐ Focus Group

☒ Customer Satisfaction Survey  
☐ Small Discussion 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 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: Kelly Kirchmer

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**

There are currently 517 IRS CE Providers. All will be asked to participate in the survey, and we assume a 15% response rate (78 providers).

The time it takes to solicit participation is 1 minute, resulting in 9 burden hours (517 contacts x 1 minute/60 = 8.6 hours).

It is estimated to take 5 minutes to complete each of the 78 surveys, resulting in 4 burden hours (78 participants x 5 minutes/60 = 6.5 burden hours).

The total burden is 16 hours (8.6 + 6.5 = 15.1).

Category of Respondent	No. of Respondents	Participation Time	Burden
Requesting IRS CE Providers to take survey	517	1 minute	8.6 hrs
IRS CE Providers that participate in survey	78	5 min	6.5 hrs
<b>Totals</b>			<b>15.1 hours</b>

**Estimated Response Rate:** 15%

**Total Burden Estimate:** 15.1 hours

**FEDERAL COST:**

None – the survey is part of the contract of maintaining the CE-PRATS system (Advocation Strategies, Inc.).

## **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?  
[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?

RPO Continuing Education Department will attempt to achieve an overall 15% response rate in the surveys. We plan to maximize the response rate by allowing CE Providers to access the survey when they log into the system between 11/1/2023-3/31/2024. The system will have pop-up messages to catch the CE Providers attention regarding the option to take the survey. Additionally, we plan to announce the survey opportunity via other communication means such as conference calls, newsletters, and in the News & Alerts section on their provider page, or through secured emails in their CE Provider secure mailbox.

### **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 – Microsoft TEAMS or ZOOM for sharing visuals.
2. Will interviewers or facilitators be used? [ ] Yes [X ] 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.