

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

TITLE OF INFORMATION COLLECTION: Where’s My Amended Return (WMAR)

PURPOSE:

The Where’s My Amended Return (WMAR) app helps taxpayers determine the status of their amended return. The WMAR Survey asks users to rate their satisfaction with various aspects of the app. The goal of this survey is to understand users’ overall experiences with the app. The survey’s results will be used to improve the overall user experience. This voluntary survey will pop up in the app and will take 2 minutes to complete.

DESCRIPTION OF RESPONDENTS:

The intended population is anyone who attempts to use the WMAR app. Random sampling will help reduce bias by giving every user an equal chance of receiving a survey invitation.

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| ☐ Customer Comment Card/Complaint Form | ☒ Customer Satisfaction Survey |
| ☐ 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 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: Scott Willoughby

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 [X] 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

A sampling rate will force the surveys to intercept a small percentage of users. The sampling rate will be adjusted to produce a response rate of 10,000 responses per year. For those who opt-in, the time to complete the survey is 2 minutes.

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or households	10,000	2 minutes	20,000 minutes
Totals			333 hours

Estimated Response Rate: estimated to be a ~25% response rate

Total Burden Estimate: 333 hours

FEDERAL COST:

Online Services (OLS) has already procured a survey tool (Medallia), so there is no additional cost for conducting this survey.

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 [X] 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?

Medallia will be used to control survey distribution by randomly targeting users on the WMAR app. Each user 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”

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.