

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

TITLE OF INFORMATION COLLECTION:

2024 Centralized Insolvency Operation (CIO) Customer Experience Survey

PURPOSE:

The Internal Revenue Service (IRS) uses a balanced measurement system consisting of business results, taxpayer satisfaction, and employee satisfaction. The use of these balanced organizational performance measures is mandated by the IRS Restructuring and Reform Act (RRA) of 1998. In addition, Executive Order 12862 requires all government agencies to survey their taxpayers and to incorporate taxpayer experience data in process improvement efforts.

The Centralized Insolvency Operation (CIO) program provides resources and support to taxpayers with Chapters 7 and 13 bankruptcy filings. With a recent rise in bankruptcies among small businesses, CIO must be equipped to handle the increase in the volume of taxpayers needing their support. A strong customer satisfaction measurement system is vital to the continued success of the work done by CIO.

The CIO Interactive Voice Response (IVR) survey is designed to measure taxpayers’ satisfaction with the service they received during a call in which they spoke with a CIO representative. The survey will be administered in early 2025 to SB/SE CIO taxpayers and will include questions on various aspects of their CIO telephone call. Understanding taxpayers’ including needs, opinions, expectations, and satisfaction with CIO is central to driving service improvements and increasing compliant behavior.

DESCRIPTION OF RESPONDENTS:

CIO takes calls from taxpayers in specific stages of bankruptcy to answer tax questions and to help them through the bankruptcy process. The CIO survey will be offered immediately after the call to all CIO callers that are not transferred. The survey will be administered over the phone.

The survey is planned for February through August 2025, which are typically the months with the highest volume of calls to the CIO phone line. FY2022 volumes can be used as an estimate for the projected volume of calls during the 2025 survey period: the number of calls ranged from 3,822 to 6,257 per month during a similar timeframe in 2022.

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: Janice Hu

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

Based on a sample of potential respondents of 28,740 and a response rate of 25%, we expect 7,185 survey participants.

Category of Respondent	Number of Respondents	Participation Time	Burden Hours
CIO Survey Potential Respondents	28,740	1 minute	479
CIO Survey Expected Participants	7,185	11 minutes	1,317
Total Burden			1,796 hours

FEDERAL COST:

The estimated cost of this survey (with the contractor) is \$53,175.

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?

The population for the survey is made up of taxpayers who call in to the CIO telephone lines about their bankruptcy and are not transferred. At the end of the call, the CIO representative will ask the caller if they would like to participate in a voluntary survey. Callers who agree to participate will be transferred to the automated survey, which will take about 11 minutes to complete.

Administration of the Instrument

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

[] Web-based or other forms of Social Media

[X] 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”

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.