

## **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:**

2025 Automated Collection System Support (ACSS) Customer Satisfaction (CSAT) 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 SB/SE Automated Collection System Support (ACSS) survey will measure external customer satisfaction with ACSS products and services. Taxpayer feedback from this survey is critical for assessing customers’ experiences and opinions with the ACSS program and ultimately, for improving taxpayers’ abilities to understand and meet their federal tax obligations. To this end, results from this survey will be used to identify, as early as possible, areas and processes that require intervention and improvement.

### **DESCRIPTION OF RESPONDENTS:**

Survey questionnaires will be mailed monthly to a random sample of taxpayers who had an interaction with the IRS, such as a 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: 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**

The total burden hours for the survey of SB/SE taxpayers is **142 burden hours.**

<b>Respondent Category</b>	<b>Number of Respondents</b>	<b>Participation Time</b>	<b>Burden Hours</b>
ACSS Respondents	1,700	5 minutes	142
<b>Total Burden</b>			<b>142</b>

**FEDERAL COST:**

The estimated cost for the 2025 ACSS customer satisfaction survey is \$40,174.

## **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?

Survey questionnaires will be mailed monthly to a random sample of taxpayers who had a recent interaction with the IRS. The mail survey process includes: 1) an advance letter about the survey; 2) a cover letter with the survey questionnaire and an option to take the survey online; 3) a postcard reminder; and 4) a second letter and survey questionnaire to non-respondents.

### **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
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.