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

#### TITLE OF INFORMATION COLLECTION:

SB/SE Employment Tax 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 SB/SE Employment Tax Customer Experience survey will measure external customer satisfaction with Employment Tax products and services. Taxpayer feedback from this survey is critical for assessing customers' experiences and opinions with the Employment Tax 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:**

TYPE OF COLLECTION: (Check one)

All taxpayers who had a recent interaction with the SB/SE Employment Tax program and whose cases have closed will be invited to take the survey.

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[]	Customer Comment Card/Complaint Form Usability Testing (e.g., Website or Software) Focus Group	<ul><li>[X] Customer Satisfaction Survey</li><li>[ ] Small Discussion Group</li><li>[ ] Other</li></ul>
CE	RTIFICATION:	
I ce	rtify the following to be true:	
	The collection is voluntary.	
2.	The collection is low burden for respondents an	d low-cost for the Federal Government.
3.	The collection is non-controversial and does <u>no</u> agencies.	
	The results are <u>not</u> intended to be disseminated	to the public.
5.	Information gathered will not be used for the pupolicy decisions.	<u> </u>
	The collection is targeted to the solicitation of of experience with the program or may have exper	±
Nar	ne: <u>Janice Hu</u>	

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

### **Personally Identifiable Information:**

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

Respondent Category	Number of Respondents	Participation Time	Burden Hours	
Employment Tax Respondents	350	5 minutes	29	
Total Burden			29	

#### **FEDERAL COST:**

The estimated annual cost to administer the SB/SE Employment Tax Customer Experience survey is \$5,200.

#### **STATISTICAL METHOD:**

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

Th	e selecti	on of	your	targeted	respond	ents	
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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?
	The Employment Tax survey census consists of closed cases of examinations/audits of taxpayers who reported a variety of Employment Tax liabilities. These audits are normally conducted face to face by revenue agents or tax compliance officers with specialized expertise in Employment Tax issues.

Survey invitations will be sent to a census of taxpayers who had a recent examination/audit under the SB/SE Employment Tax program and whose cases have closed. The mail process consists of the following four waves: 1) an initial invitation to take the survey online; 2) a reminder to take the survey; 3) a second reminder (postcard); and 4) a third/final reminder with a paper survey attached.

#### **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
	[X] Mail
	[ ] Other
2.	Will interviewers or facilitators be used? [ ] Yes [X] No

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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.