

[DRAFT-TAS Survey Digital Survey-Wave 4 Letter Content-all recipients]
[TAS Letterhead Stationery]

Date:

Recipient
Street Address
City, ST ZIP

Dear [Name],

In the last few weeks, we sent you correspondence asking for your help to improve service to taxpayers. We're interested in your thoughts about your experience with the Taxpayer Advocate Service (TAS).

- If you've already completed either the online or paper survey, thank you!
- If not, please take a few minutes to complete it. **Please use only one survey option (either online or paper).**
- **Online:** Scan the QR code below and enter the password [XXXXXXXX]. The survey is also available at www.XXXXX using the same password.
- **Mail:** Complete the enclosed paper survey and return it in the enclosed postage paid envelope.

If you have questions or need help to complete this survey, you can call [xxxxxxxxxxxxx] and leave a message with your name and phone number. Someone will call you back shortly.

You can verify the authenticity of this survey at www.irs.gov/css. This IRS Customer Satisfaction Survey webpage shows a list of IRS surveys and includes a reference to the TAS survey.

The primary purpose for requesting this information is to help TAS improve its service to taxpayers. Our authority for requesting the information is 5 USC 301 and 26 USC 7801. Providing information is voluntary. However, if you do not answer all or part of the survey questions, the IRS and TAS may lack information it could use to improve taxpayer service. TAS is required to follow confidentiality protections required by the Privacy Act, 5 USC 552a, and/or Internal Revenue Code Section 6103.

We appreciate your participation. Thank you for your help.

Sincerely,

[Erin Collins]
National Taxpayer Advocate

QR Code

Enclosures:
Survey questionnaire
Postage paid envelope

Privacy Act and Paperwork Reduction Act Notice

Our authority for requesting information with this survey is 5 U.S.C. Section 301, and 26 U.S.C. Sections 7801, 7803, and 7805. The information you provide allows the IRS to analyze interactions between the IRS and taxpayers. This information will also help us to improve taxpayer service.

Data collected will be shared with IRS staff, but your responses will be used for research and aggregate reporting purposes only and will not be used for other non-statistical or non-research purposes. The information that you provide will be protected as required by law. We estimate that it will take 5-10 minutes to complete this survey, including the time for reviewing instructions and completing the collection of information. Providing the information is voluntary; not providing all or part of the information requested will have no impact on you but may reduce our ability to address taxpayer concerns regarding taxpayer service.

We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB number for this survey is 1545-1432. Send comments regarding this burden estimate for completing the survey or any other aspect of this collection of information, including suggestions for reducing this burden to: IRS, Special Services Section, SE:W:CAR:MP:T:M:SP, Room 6129, 1111 Constitution Avenue, NW, Washington, DC 20224.