**Request for Approval under the "Generic Clearance for Improving Customer Experience: OMB Circular A-11, Section 280 Implementation"**
**(OMB Control Number: 1545-2290)**

**TITLE OF INFORMATION COLLECTION:** Appointment Line IVR Survey

**PURPOSE OF COLLECTION:**
The Internal Revenue Service (IRS) have a balanced measurement system consisting of business results, customer satisfaction, and employee satisfaction. This initiative is part of the Service-wide effort to maintain a system of balanced organizational performance measures mandated by the IRS Restructuring and Reform Act (RRA) of 1998. This is also a result of Executive Order 12862 that requires all government agencies to survey their customers.

For the Wage and Investment Division, the Appointment line, which was set up for taxpayers interested in scheduling Field Assistance (FA) face to face service. To schedule an appointment at a walk-in office, taxpayers must call the Appointment line which is answered by Accounts Management (AM) Customer Service Representatives (CSR). The AM CSRs who answer the Appointment line are instructed to first try to provide service and resolve the taxpayers issue over the phone, direct taxpayers to an alternative service channel when applicable and set appointments for those with tasks that require face to face service or those who prefer face to face service.

Information collected from the point of service Interactive Voice Response (IVR) customer satisfaction survey and the follow-up surveys will be used to provide meaningful feedback to managers and staff for both FA and AM. The follow-up data collection will measure changes in customer satisfaction, changes in issue resolution, and taxpayer behavior after the taxpayer's call to the Appointment line. These surveys will assist in assessing overall customer satisfaction and overall quality for balanced measures.

The survey is being updated to reduce the questionnaire to 15 question. Additionally, W&I would like to modify the analysis and reporting tasks to include a summary dashboard report on the OMB Circular A-11 variables.

**TYPE OF ACTIVITY:** (Check one)

[ ] Customer Research (Interview, Focus Groups)
[ X ] Customer Feedback Survey
[ ] User Testing

**ACTIVITY DETAILS**

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

2. Who will you collect the information from?

The Appointment line point of service survey will measure service provided. This research has two components. The first survey will invite taxpayers who call the Appointment line to complete a survey regarding the service obtained. Participants will be asked to take a voluntary telephone

survey to provide feedback and interest in additional future research at the conclusion of their call to the Appointment line. The second component will be conducting follow-up surveys within a month with the taxpayers who indicated an interest in participating in future research, specifically regarding satisfaction, resolution and the face to face appointment experience. IVR participants are asked their willingness to participate in the follow-up survey at the end of the IVR survey and if they are interested then we ask for their contact info.

3. How will you ask a respondent to provide this information?
The Appointment line point of service survey will measure service provided. Taxpayers who call the Appointment line will be invited to complete a survey regarding the service obtained. Participants will be asked to take a voluntary telephone survey to provide feedback and interest in additional future research at the conclusion of their call to the Appointment line.

4. What will the activity look like?
Taxpayers who wish to set up an appointment must interact with the IRS via the phone. Given that already preset communication method, the vendor will conduct the point of service survey over the phone. This will allow participants from multiple geographic locations to participate at one time and will limit the burden of travel to the participant.

5. Please provide your question list.
The script is attached

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

6. When will the activity happen?

The survey dates will be conducted from October 2020-March 2021.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?
[ ] Yes [X] No
If Yes, describe:

**BURDEN HOURS**

| **Point of Service Survey Annual Estimate-IVR** | | | |
|---|---|---|---|
| **Point of Service Survey** | **Participation** | **Time (minutes per person)** | **Total Burden (in hours)** |
| **Requests for Participation** | **180,000** | **10 seconds** | **500** |
| **Estimated Survey Respondents** | **18,000** | **5 minutes** | **1500** |
| **Total Burden Hours** | | | **2000** |

**CERTIFICATION:**

I certify the following to be true:
1. The collections are voluntary;

2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publically in the manner described in the umbrella clearance of this control number.

Name: __*John D'Attoma*

**All instruments used to collect information must include:**
**OMB Control No. 1545-2290**
**Expiration Date: 07/31/2025**

**HELP SHEET**
**(OMB Control Number: XXXX-XXXX)**

**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.

**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:** Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**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 per row.
**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.