Survey Type	Always On			
Property		UAT:		
Targeting Logic	*ex: URL, page path, parameter*			
Page / Q. #	**Include / Exclude**	**Survey Text**	**Required?**	**Answer Type**
		This report is authorized under the Paperwork Reduction Act. The approval is OMB No: 1545-2290, expiration date 12/31/2026. 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 such as direct enforcement activities. The information that you provide will fully be protected as allowable under the Freedom of Information Act (FOIA). Public reporting burden for this collection of information is estimated to average 1 minute. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Special Services Section, SE:W:CAR:MP:T:M:S, Room 6129, 1111 Constitution Avenue, NW, Washington, DC 20224.		
1	Include	This interaction increased my trust in the IRS.	Y	Radio Buttons
1.1	Include	What about this interaction made the difference? (Tap/Select all that apply)	N	Checkboxes
1.2	Include	What other aspect of this interaction made the difference? Please do NOT provide any personal information (name, Social Security number, etc.) in your response.	N	Text Area

1.3	Include	What could have been better? (Tap/Select all that apply)	N	Checkboxes
1.4	Include	Why was your need not addressed? Please do NOT provide any personal information (name, Social Security number, etc.) in your response.	N	Text Area
1.5	Include	What other aspect of this interaction could have been better? Please do NOT provide any personal information (name, Social Security number, etc.) in your response.	N	Text Area
2	Include	I am satisfied with the service I received from the online tax account tool.	Y	Scale 1-5

3	Include	How long have you had an online account with the IRS?	N	Radio Buttons
3.1	Include	How easy or difficult was the sign-up process for an online tax account?	N	Scale 1-5

4	Include	What was the purpose of your visit today? (Select all that apply.)	Y	Checkboxes

4.1	Include	Please rate your level of agreement with the following statement. The details of my balance were clear and easy to understand. (Please select "Don't Know" if your balance was not shown.)	N	Scale 1-5

4.2	Include	Please specify your other reason for visit.	N	Text
4.3	Include	What did you want to accomplish by viewing your notice or letter today?	N	Text
5	Include	Anything else you want us to know about your experience?	N	Text

Answer Choices	**Condition**
Thumbs up Thumbs down	
My need was addressed. It was easy to complete what I needed to do. It took a reasonable amount of time to do what I needed to do. Something else.	If Q1=Thumbs up
	If Q1.1="Something else"

My need was not addressed. It was difficult to complete what I needed to do. It took too long to do what I needed to do. Something else.	If Q1=Thumbs down
	If Q1.3="My need was not addressed"
	If Q1.3="Something else"
1= Strongly Disagree	
Disagree	
Neutral	
Agree	
5 = Strongly Agree	

First time user

Less than 6 months	
More than 6 months, but less than a year	
More than a year	
1 = Very Difficult	If Q3="First time user"

2

3	
4	
5 = Very Easy	

View my balance

Make an online payment	
View my payment history or activity	
View my filing history or tax records	
Set up a payment plan	

View or modify details of an existing payment plan

View notices or letters	
View Economic Impact Payment (stimulus) information	
View advance Child Tax Credit payment information	

View or update personal contact information	
Other (please specify)	
Strongly Disagree	If Q4="View my balance
Disagree	
Neutral	
Agree	
Strongly Agree	

Don't Know

	If Q4="Other (please sp
	If Q4="View notices or l

Experience Cloud Field	**Notes**
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