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: Tax Pro Account Survey

PURPOSE OF COLLECTION:

The purpose of this collection is to measure visitor satisfaction with the IRS Tax Pro Account application. Information collected will be used to provide meaningful feedback to managers and staff to aid in prioritizing feature and usability enhancements. The surveys will assist in assessing overall customer satisfaction and overall quality of the application.

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)
   - [X] Web-based or other forms of Social Media
   - [ ] Telephone
   - [ ] In-person
   - [ ] Mail
   - [ ] Other, Explain

2. Who will you collect the information from?

Survey respondents will be visitors who access the IRS Tax Pro Account application. These visitors are appropriate for this survey because the goal is to collect feedback about the experience of using the application. A sample of 10% of application users will see a popup inviting them to complete the survey. After receiving the invite, a minimum of 30 days must pass before a user will become eligible to receive another invite.

3. How will you ask a respondent to provide this information?

An invitation popup will be presented to 10% of IRS Tax Pro Account users. Users may opt-in to the survey or dismiss the popup.

4. What will the activity look like?

If the user opts-in to participate, they will see a standard survey with 14 questions, including the questions required per the A-11 Section 280 guidance. Facilitators and interviewers will not be used.

5. Please provide your question list.

Attached.

6. When will the activity happen?

This survey will remain on our website in alignment with the timing of the overall clearance.

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

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	2,000	1 min	33
Totals			

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: ___Matthew Weingarten_____

All instruments used to collect information must include:
OMB Control No. 1545-2290
Expiration Date: 07/31/2023

Sample PRA statement:

This report is authorized under the Paperwork Reduction Act. The approval is OMB No: 1545-2290, expiration date 7/31/2023. 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 3 minutes. 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.

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.