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: E-Help Customer Experience Survey

PURPOSE OF COLLECTION:
On June of 2018, the Office of Management and Budget (OMB) released a modification to Circular A-11, section 280. This section explains how federal agencies should manage customer experience improvement programs. Specifically titled "Managing Customer Experience and Improving Service Delivery," section 280 was created to support a customer experience culture in the federal government, provide a common framework for approaching and measuring customer experience, encourage federal agencies to apply leading private sector practices and improve customer satisfaction with federal service delivery.

Improving customer experience is a transformation priority in the President's Management Agenda, and the guidance in this OMB addendum aligns with this long-term vision of federal government modernization. Customer experience influences satisfaction, trust and confidence in the federal government. The private sector has set a high bar, and digital tools now make new service models possible. It is now believed that people want modern, streamlined and responsive experiences from all types of federal service delivery.

The result for IRS is that customer experience surveys within transactional service channels are now aligned to contain seven core questions provided by OMB, and these surveys cannot be longer than a total of 15 questions. In addition, the IRS will, along with other High Impact Service Providers across the Federal Government, provide quarterly results of their customer experience surveys to be shared publicly through a Customer Experience Cross Agency Priority Goal (CX CAPG) web page on Performance.gov.
XXX

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 e-Help Desk provides support to external customers who experience technical problem using IRS online electronic products. The e-Help Desk customers include: electronic return originators, enrolled agents, intermediate service providers, reporting agents, financial institutions, software developers, and transmitters. Electronic products include online services such as e-file, modernized e-file, Electronic Federal Tax Payment System, and e-Services.

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

The e-Help Desk customer service call site has identified personnel to monitor calls that match the sampling pattern and to solicit taxpayer participation in the survey. At the end of a call, the team leader notifies the Assistor that the call has been selected for inclusion in the survey.

4. What will the activity look like?
The Assistor asks the customer to participate in the survey. Callers who agree to participate are transferred to the team leader, who then transfers the customer into an automated survey. At the end of the survey the caller is asked if they would like to be contacted to participate in future surveys and they answer yes or no. Free response question #3 will be used to better understand why a customer was or was not satisfied with the transaction. Free response question #14 will be used to better understand what additional services could be provided to improve the customer experience. IRS is only using the data from the open-ended questions qualitatively to inform the responses in questions 3 & 4.

5. Please provide your question list.
Updated A-11 Questionnaire is attached.

6. When will the activity happen?
May 1, 2023 through April 30, 2026

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)***
Respondents	*700*	*5 min*	*58.3*
Total			***58.3 hours***

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 publicly in the manner described in the umbrella clearance of this control number.

Name: *Bobbie Ngi*

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 5 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.