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: PPS Customer Satisfaction Survey (PPS)

PURPOSE OF COLLECTION:
The Internal Revenue Service (IRS) enlists 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.

This collection of information is necessary to enable IRS to garner customer feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. The information collected from our customers will help ensure that users have an effective, efficient, and satisfying experience with the IRS's PPS Toll-free services. This feedback will provide insights into customer perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of services. These collections will allow for ongoing, collaborative and actionable communications between the IRS and its customers. It will also allow feedback to contribute directly to the improvement of program management.

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?
   Surveys will be offered to randomly selected callers at the conclusion of providing them with phone services.

3. How will you ask a respondent to provide this information?
   Surveys will be offered to randomly selected callers at the conclusion of providing them with phone services.

4. What will the activity look like?
   The survey will comprise 13 questions, inclusive of the questions required per the A-11 Section 280 guidance.

5. Please provide your question list.

Include as an attachment the questions or prompts presented to participants in your activity. Make sure that all instruments, instructions, and scripts are submitted with the request.

Attached

6. When will the activity happen?

The survey will be ongoing year-round and will begin at the start of a fiscal quarter as soon as OMB approval is received. Ideally, it will begin January 1st.

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

XXX

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden Hours**
Customers who respond to survey	2,000	5 minutes	166.67
Totals			**166.67**

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: ____Shannon Murphy_____

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.