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: Direct File customer experience surveys

PURPOSE OF COLLECTION:
Gather user feedback on their experience with Direct File in order to inform improvements to the user experience and potential scope expansion in the future. Summary of customer insights from feedback will be used to inform service improvements and be evaluated as part of service performance dashboard.

TYPE OF ACTIVITY: (Check one)

☐ Customer Research (Interview, Focus Groups, Surveys)
☒ Customer Feedback Survey
☐ Usability Testing of Products or Services

ACTIVITY DETAILS

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?
   ☒ Yes
   ☐ No
   ☐ Not a survey

2. How will you collect the information? (Check all that apply)
   ☒ Web-based or other forms of Social Media
   ☐ Telephone
   ☐ In-person
   ☐ Mail
   ☐ Other, Explain

3. Who will you collect the information from?
One survey will collect responses from those who finish submitting their return with Direct File so we can evaluate the experiences of those who finish. Another survey will collect responses from those who do not complete their filing with Direct File and have also opted into receiving a survey via email. Responses from this group will help evaluate why users choose to not finish filing with Direct File, and what changes or improvements could be made to the service that would allow more users to complete their filing with Direct File in the future.

4. How will you ask a respondent to provide this information?
(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)

One survey will be available at the end of the Direct File submission process. Any user who completes their filing will see the link to give feedback once they submit their return. When they click the link, the survey will open. One survey will be emailed. The survey link will be emailed to those who have opted into receiving a survey by email while using Direct File and who do not finish submitting their filing via Direct File at the end of the filing season.

5. What will the activity look like?
Describe the information collection activity – e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?

The survey will take about 10 minutes to complete. When users decide to take the survey, they will do so via a website link. All questions are optional.

6. Please provide your question list.
Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.
See Excel attachment

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

7. When will the activity happen?
   Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10th, or "This survey will remain on our website in alignment with the timing of the overall clearance.")

The survey for completers will be available at the beginning of filing season in January and be available until filing season closes in April. The survey for non-completers will be emailed out after filing season closes and be available through May.

8. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?
   ☐ Yes ☒ No

   If Yes, describe:

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	24,000	10 minutes	4,000
Totals	**24,000**	10 minutes	**4,000**

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;
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
7. The agency will follow the procedures specified in OMB Circular A-11 Section 280 for the required quarterly reporting to OMB of trust data and experience driver data from surveys.
8. Outside of the quarterly reporting mentioned in the bullet immediately above, if the agency intends to release journey maps, user personas, reports, or other data-related summaries stemming from this collection, the agency must include appropriate caveats around those summaries, noting that conclusions should not be generalized beyond the sample, considering the sample size and response rates. The agency must submit the data summary itself (e.g., the report) and the caveat language mentioned above to OMB before it releases them outside the agency. OMB will engage in a passback process with the agency.

Name and email address of person who developed this survey/focus group/interview:

Name: Theresa Wang

Email address: Theresa.wang@irs.gov

All instruments used to collect information must include:
OMB Control No. 1545-2290
Expiration Date: 12/31/2026

HELP SHEET
(OMB Control Number:)

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…)

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.