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: Injured Spouse Customer Experience Survey

PURPOSE OF COLLECTION:
What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?

The Injured Spouse Program within the Internal Revenue Service (IRS)Customer Accounts Services (CAS)Operating Unit of the Taxpayer Services (TS)Business Operating Division (BOD)is responsible for responding to written customer technical and account inquiries and resolving customer account issues that relate to an Injured Spouse Allocation. The injured spouse on a jointly filed tax return files Form 8379 to get back their share of the joint refund when the joint overpayment is applied to a past-due obligation of the other spouse. TS gathers feedback from these customers to continually improve the Injured Spouse operations. TS solicits this feedback through customer experience research.

The Injured Spouse Customer Satisfaction Survey was initiated in 2008 to obtain customer satisfaction with service received from this program. In 2021, the survey was renamed Injured Spouse Customer Experience Survey, to align the survey with the goals put forth by the Taxpayer First Act (TFA), signed into law on July 1, 2019. The term "experience" encompasses customer satisfaction, in addition to emotions, attitudes, and behaviors. This new terminology, which is also defined in the Government Service Delivery Improvement (GSDI) Act of 2025 (Public Law No: 118-231), is imperative to the goal of reforming the IRS into a more taxpayer friendly agency. This change demonstrates the IRS' willingness to modernize and attain best practices of customer service provided in the private sector and signals a commitment to improving the taxpayer experience that goes beyond satisfaction.

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?
Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them(e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)

Respondents for this survey will be taxpayers who received their final disposition regarding their Injured Spouse claim within the past 365 days. The survey includes Injured Spouse cases that reached determination from nine IRS sites (Andover, MA, Atlanta, GA, Austin, TX, Brookhaven, NY, Fresno, CA, Identity Theft Victim Assistance (IDTVA), Kansas City, MO, Memphis, TN, and Philadelphia, PA). Cases are manually selected by employees at each of the site locations. A skip pattern is established for each site based on the estimated quarterly case volumes. The skip pattern is set to achieve the goal of receiving 130 cases per month from each site.

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)

Participants are notified of the survey through a mailed letter inviting them to take the survey. The letter contains options for using a Quick Response (QR) code or a Uniform Resource Locator (URL) to access the online survey. The letter also contains their unique Personal Identification Number (PIN) which participants will use to log in to the survey. Two additional reminder letters are sent to each respondent who does not take the survey in response to the initial letter.

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 be administered using Qualtrics. Qualtrics is a cloud-based, online platform for designing, administering, and analyzing survey data. Survey participants access the survey by scanning a Quick Response (QR) code or entering in a Uniform Resource Locator (URL) and their unique Personal Identification Number (PIN) attached in the survey invitation letter. Qualtrics collects the individual survey responses.

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.

Q1. I am satisfied with the service I received from the IRS about my most recent Injured Spouse filing (Form 8379).
Q2. It was easy to find out about the Injured Spouse program.
Q3. I understood the Injured Spouse process.
Q4. Did you complete the Injured Spouse Form 8379 yourself?
Q4A. Who prepared the form?
Q4B. It was easy to complete the Injured Spouse Form 83
Q5. The length of time it took to receive an outcome was reasonable.
Q6. I understood the IRS's decision about my Injured Spouse filing.
Q7. Did you receive a letter or notice from the IRS?
Q7A. What type of letter or notice did you receive?
Q8. What type of debt issue caused your most recent Injured Spouse filing?
Q9. Did you visit the IRS website (irs.gov) to get any help or information about the Injured Spouse program?
Q9A. Which of the following did you look for on IRS.gov?

Q9B. Which of the following did you find on IRS.gov?
Q10. How many weeks did you expect the Injured Spouse process to take?
Q11. Approximately how many weeks did it take to receive the outcome of your Injured Spouse filing?
Q12. When did you submit your most recent Injured Spouse filing (form 8379)?
Q13. Did the IRS ask you to submit additional information for your Injured Spouse filing?
Q14. What was the outcome of your Injured Spouse filing?
Q15. Did you call the IRS regarding your Injured Spouse filing?
Q16. The representative provided me with clear information.
Q17. Did you call the IRS for any of the following reasons?
Q18. In 5 sentences or less, please explain why you called the IRS?
Q19. It was easy to get through to an IRS representative.
Q20. The representative was willing to help me.
Q21. The representative was professional.
Q22. The representative was knowledgeable
Q23. Overall, how well did the IRS meet your expectations while handling your Injured Spouse filing?

Please see attached survey instrument for questions and response sets.

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.")

Data collection will occur monthly beginning October 1, 2025, and continue for 36 months.

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
Reading survey invitation	14,040	2 minutes	468
Reading survey reminder #1	13,270	2 minutes	442
Reading survey reminder #2	12,500	2 minutes	417
Survey participation	1,540	7 minutes	180
Totals			**1,507**

The total burden hours per year = **1,507 burden hours**

The total burden hours for three years = **4,521 burden 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;
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: Howard W Rasey

Email address: howard.w.rasey@irs.gov

All instruments used to collect information must include:
OMB Control No. 1545-2290
Expiration Date: September 30, 2028

HELP SHEET
(OMB Control Number:1545-2290)

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.