

IRS CUSTOMER EXPERIENCE SURVEY

EMPLOYMENT TAX EXAMINATION

The IRS is trying to improve its service to the public. You can help in this important mission by answering the questions below. This voluntary survey should take less than 5 minutes to complete. Your identity will not be provided to the IRS. If you have any questions about this survey, you may call the Survey Helpline at 800-521-7177. Please use black or blue ink to complete the survey.

Q1 The following questions ask your opinion regarding how the IRS handled your recent Employment Tax examination. For each question, regardless of whether you agree or disagree with the final outcome, please indicate your answer by checking the box that best represents your opinion. If a question does not apply to you, please mark "Don't Know/Not Applicable."

Please rate your satisfaction with the...	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know/Not Applicable
a. Explanation of the reason(s) for the examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Explanation of the exam process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Explanation of how long the examination process would take from start to finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reasonableness of information you were asked to provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amount of time you had to provide requested information to the IRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Time your auditor took to respond to your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Flexibility of auditor in scheduling meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Auditor's tax knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Consideration given to the information you provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Amount of time you had to spend on the examination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Explanation of your payment options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Explanation of why adjustments were made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Fairness of treatment during the examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Length of the examination process from start to finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Manager's effect on your examination, if you communicated with the manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 Regardless of whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the way your Employment Tax examination was handled?

- ☐ Very Dissatisfied
☐ Somewhat Dissatisfied
☐ Neither Satisfied nor Dissatisfied
☐ Somewhat Satisfied
☐ Very Satisfied
☐ Don't Know/Not Applicable

Q3 How many IRS employees did you interact with about your case?

- ☐ One
☐ Two
☐ Three
☐ Four or more

Q4 Were you informed about the status of your examination throughout the examination process?

- ☐ Yes
☐ No

Q5 With regard to this examination, are you...

- ☐ The taxpayer
☐ A tax professional who represented the taxpayer
☐ Someone else who represented the taxpayer

Q6 Rate your level of agreement with: This interaction increased my trust in the IRS.

- ☐ Strongly Disagree
☐ Somewhat Disagree
☐ Neither Agree nor Disagree
☐ Somewhat Agree
☐ Strongly Agree

Q7 Please provide any comments or suggestions for improvement.

Occasionally, we conduct additional in-depth IRS-related research. Research participants may receive a small monetary incentive to participate depending on the research. If you are interested in participating in future research, please provide us with your telephone number and your email address (if available). This information will not be shared with the IRS and will be used only for the purpose of survey research.

Telephone number:

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Enter your 10-digit phone number
 Print one digit in each square

Email address:

Enter your email address using all capital letters.

If you have been unable to resolve any specific problems with your tax matter through the normal IRS channels, or face a significant hardship due to the application of tax law, we encourage you to contact the Taxpayer Advocate Service at 1-877-777-4778 or www.taxpayeradvocate.irs.gov.

Privacy Act and Paperwork Reduction Act Notice

Our authority for requesting information with this survey is U.S.C. Section 301, and 26 U.S.C. Sections 7801, 7803, and 7805. The information you provide allows the IRS to analyze interactions between the IRS and taxpayers. This information will also help us to improve taxpayer service. 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. The information that you provide will be protected as required by law. We estimate that it will take 5 minutes to complete this survey, including the time for reviewing instructions and completing the collection of information. Providing the information is voluntary; not providing all or part of the information requested will have no impact on you but may reduce our ability to address taxpayer concerns regarding taxpayer service. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB number for this survey is 1545-1432. Send comments regarding this burden estimate for completing the survey or any other aspect of this collection of information, including suggestions for reducing this burden to: IRS, Special Services Section, SE:W:CAR:MP:T:M:SP, Room 6129, 1111 Constitution Avenue, NW, Washington, DC 20224.

Thank you for completing the survey.

Please return this questionnaire to Fors Marsh, PO Box 5703, Hopkins, MN 55343-5703.