

IRS CUSTOMER EXPERIENCE SURVEY

OMB # 1545-1432

EXCISE TAX AUDIT OR REGISTRATION REVIEW

The IRS is trying to improve its service to the public. You can help in this important mission by providing your feedback 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.

The following questions ask your opinion regarding how the IRS handled your most recent Excise Tax audit or Form 637 registration review. 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."

Q1 INITIAL REGISTRATION PROCESS

Only answer Q1a-Q1c if you submitted an initial application for a 637 registration in the past year. Otherwise, skip to Q2.

How satisfied are you with the...	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know/ Not Applicable
a. Ease of filing out Form 637, Excise Tax Application for Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Length of time it took from when you submitted your registration application to your first appointment/contact with an auditor or reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Length of time it took from your first appointment/contact with an auditor or reviewer to when you received the letter of approval or denial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 EXCISE TAX AUDIT OR REGISTRATION REVIEW PROCESS

How satisfied are you with the...	Very Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Very Satisfied	Don't Know/ Not Applicable
a. Initial information the IRS provided (e.g., letters/notices, phone calls, IRS publications) so that you knew what to expect during the audit/review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Explanation of how long the audit/review 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"/>
c. Explanation of why more information was needed after the initial appointment/contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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"/>
e. Professionalism of your auditor or reviewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Time your auditor or reviewer 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. IRS communication with you throughout the audit/review process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fairness of treatment during the audit/review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Length of the audit/review process from start to finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Explanation of the final decision for your audit/review including any changes made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Manager's effect on your audit/review, if you communicated with the manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 AUDIT PROCESS ONLY

Only answer Q3a-Q3c if you completed an Excise Tax audit. Otherwise, skip to Q4.

How satisfied are you 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 audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Explanation of your payment options, if there was a change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information provided to you on how to appeal the audit findings if you did not agree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 Regardless of whether you agree or disagree with the final outcome, how would you rate your overall satisfaction with the way your Excise Tax audit or registration review was handled?

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

Q5a Did you request any changes with regard to your registration review or audit? *[Example: requested a suspension of the audit/review]*

- ☐ Yes
☐ No → **SKIP TO Q6**

Q5b If a change was requested, what was the reason for your request?

Q6 Were you informed about the status of your audit/review throughout the audit/review process?

- ☐ Yes
☐ No

Q7 With regard to this audit/review, are you...

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

If you are NOT the Taxpayer, skip to Q9

Q8 If you are the taxpayer, did you...

- ☐ Use a tax professional to represent you for this audit/review
☐ Represent yourself
☐ Both

Q9 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

Q10 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:

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.