

Supported tax filing - participant exit survey

This survey is anonymous. Your answers are confidential and no personally identifying information will be collected by this survey. The information you provide will be used to analyze the impact of this service and improve service delivery. Thank you for your participation!

* Required

1. Please select today's date *

Please input date (M/d/yyyy)



2. Overall, how satisfied are you with your experience today? *

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

3. Please tell us which best describes the outcome of your experience with us today? *

- I electronically filed my return.
- I printed and will mail a copy of my return.
- I was missing information and will file my return at a later time
- I decided not to use this service.
- Other

4. Before you started preparing your return, how confident did you feel about filing your own taxes? *

- Not confident
- Somewhat confident
- Not sure
- Confident
- Very confident

5. After doing your own taxes, how confident do you feel to file by yourself next year?

*

- Not confident
- Somewhat confident
- Not sure
- Confident
- Very confident

6. Did you find anything challenging about this process? *

7. How likely are you to recommend today's tax filing experience to a friend/family? *

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

8. Is there anything that could be improved for next year? *

9. If you are satisfied with this service, please share your story with us and why you feel that others should try this service. Other than it was free, and people were available to assist you, what did you like best/found most easy during this process today? *

10. Would you like to provide your email? *

Your email would be used for tax clinic follow-up purposes only as needed

Yes

No

11. Please state your email. *

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