

# SERVICE PERFORMANCE CARD



Date: \_\_\_\_\_

Dear Taxpayer,  
Kindly complete this form and Submit it by clicking on

TIME IN \_\_\_\_\_.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>TIN registration</b>              | <input type="checkbox"/> <b>Tax Clearance</b>           |
| <input type="checkbox"/> <b>BPS Processing</b>                | <input type="checkbox"/> <b>Tax Receipt</b>             |
| <input type="checkbox"/> <b>Tax / Fees Payment</b>            | <input type="checkbox"/> <b>Customs Assessment</b>      |
| <input type="checkbox"/> <b>Other (Please Specify):</b> _____ | <input type="checkbox"/> <b>Tax information/inquiry</b> |

Would you describe your experience as friendly / courteous?  Yes  No

How may we serve you better?  
\_\_\_\_\_  
\_\_\_\_\_

Overall, how would you rate our service today? Please tick a box.

- Poor (<55%)  Fair (55-70%)  Good (71-80%)  V. Good (81-90%)  Excellent (91-100%)

Time Out \_\_\_\_\_  
(OPTIONAL INFO)

Taxpayer Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Service Location: \_\_\_\_\_

Thank you most sincerely for your comments; we look forward to serving you better.



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