

# Beneficiary Tax Information Request

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Beneficiary Name]  
[Beneficiary Address]  
[City, State, Zip Code]

Dear [Beneficiary Name],

I hope this letter finds you well. As part of our compliance with tax regulations, we are requesting updated tax information from you to ensure our records are accurate.

Specifically, we need the following information:

- Your Social Security Number (or Taxpayer Identification Number)
- Any relevant tax forms from the previous year (e.g., W-2, 1099)
- Any changes in your financial status or relevant information

Please provide this information at your earliest convenience, but no later than [due date]. You can send the documents via email or mail them to the address listed above. Your prompt attention to this request will help us to avoid any delays in processing your benefits.

Thank you for your cooperation.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]