

Child Tax Benefit Dependency Status Update

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]

[Recipient Name]

[Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to update my dependency status regarding the Child Tax Benefit for my child(ren). As of [Insert date], the following changes have occurred:

- Child's Name: [Child's Name]
- Date of Birth: [Child's Date of Birth]
- Current Custodial Parent: [Your Name or Other Parent's Name]
- Residency Status: [e.g., Lives with me, Lives with other parent, etc.]

These changes affect our eligibility for the Child Tax Benefit. Please let me know if you require any further information or documentation to process this update.

Thank you for your attention to this matter.

Sincerely,

[Your Name]