

# Tax Exemption Status Update Request

[Your Name]

[Your Position]

[Your Organization]

[Your Organization Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Recipient Position]

[Recipient Organization]

[Recipient Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request an update on the status of our tax exemption application for [Your Organization's Name] submitted on [Submission Date]. As a healthcare provider, maintaining our tax-exempt status is crucial for our ability to serve our community effectively.

We would appreciate any information you can provide regarding the progress of our application, including any requirements or additional information needed to expedite the process.

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]