**(TO BE TYPED ON MEDICAL PROVIDER’S LETTERHEAD)**

(Date)

**Internal Revenue Service:**

This letter was requested by (Taxpayer’s Name) as necessary documentation needed to prove residency for (him/her) and (his/her) (relationship type), (Relative’s Name), for tax year 20(XX).

(Relative’s Name) attended our medical facility in tax year 20(XX) from January through December.

According to our records on file for the tax year in question, (Taxpayer’s Name) and (Relative’s Name) resided at (Physical Address, City, State Zip Code).

Hopefully, this is enough information needed to prove residency for (Taxpayer’s Name) and (his/her) (relationship type), (Relative’s Name), for tax year 20(XX).

**Sincerely,**

**(Signature)**

**(Title)**

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**To Whom It May Concern:** Our client is being audited by the Internal Revenue Service (IRS) for information placed on their tax return for the above tax year. For verification purposes, the IRS requires a letter typed on letterhead from your agency. Upon verifying that the above information is accurate according to your records on file, please type the above letter as worded on your letterhead. Also, please make sure you include the current date, your signature, and your title.

**TCL Financial & Tax Services**

**www.TCLFinancialTaxServices.com**