

[Date]

[Recipient Name/Tax Authority Name]

[Department/Address]

[City, State, Zip Code]

RE: Representation Letter for Healthcare Tax Exemption

Taxpayer Name: [Full Name of Individual or Organization]

Taxpayer ID/SSN: [ID Number]

Tax Period: [Year/Period]

To Whom It May Concern,

I am writing to formally represent the above-named taxpayer in matters regarding an application for healthcare-related tax exemptions for the specified tax period. This representation is based on the taxpayer's eligibility under [cite specific law, regulation, or religious exemption code, e.g., Section 501(c)(3) or ACA Hardship Waiver].

In connection with this representation, I confirm the following:

- The taxpayer meets the criteria for exemption due to [State reason: e.g., non-profit status, religious sect membership, or financial hardship].
- All supporting documentation, including health coverage records and financial statements provided, are true and accurate to the best of my knowledge.
- The taxpayer has not claimed conflicting exemptions for the same period.

We request that the [Tax Authority Name] grant the exemption as applied for. Should you require additional documentation or have questions regarding this representation, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title/Professional Designation]

[Company Name, if applicable]