

# Confirmation Request for Insurance Premium Tax Payments

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request confirmation regarding the insurance premium tax payments made for my policy number [Insert Policy Number].

As per my records, I have made the following payments:

- Date: [Payment Date 1], Amount: [Amount 1]
- Date: [Payment Date 2], Amount: [Amount 2]
- Date: [Payment Date 3], Amount: [Amount 3]

It is essential for my records to confirm that these payments have been received and processed correctly. If possible, please send me a written confirmation at your earliest convenience.

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

Sincerely,

[Your Name]