Deductible Payment Statement

Date: [Insert Date]			
To: [Recipient Nan	ne]		
[Recipient Address	3]		
[City, State, Zip Co	ode]		
Dear [Recipient Na	ame],		
			uctible payments made during the fiscal year your deductible payments:
Date of Payment	Description	Amount (\$)	
[Date]	[Description]	[Amount]	
Total Deductible P	ayments: \$[To	tal Amount]	
If you have any que [Contact Information	-	ire further in	formation, please do not hesitate to contact us a
Thank you for your	r attention to th	nis matter.	
Sincerely,			
[Your Name]			
[Your Position]			
[Your Company]			
[Your Contact Info	ormation]		