

Tax Exemption Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Tax Authority Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing on behalf of [Your Charity Name], a nonprofit organization dedicated to [briefly describe the mission of the charity, e.g., providing medical assistance to underserved populations]. We are requesting a reconsideration of our application for tax-exempt status under section [insert relevant section] of the Internal Revenue Code.

Since our inception in [insert year], we have [describe accomplishments, such as the number of patients served, programs launched, etc.]. We believe that our work significantly contributes to the health and welfare of our community.

Our application was denied on [insert date] for the reason that [insert reason for denial]. We respectfully disagree with this assessment and would like to provide further information regarding our eligibility.

Attached, you will find [list any relevant documents you are including, such as financial statements, letters of support, or program descriptions]. We hope that this additional information clarifies our status and demonstrates our commitment to serving the community.

We appreciate your attention to this matter and look forward to your prompt response. Thank you for considering our appeal for tax-exempt status.

Sincerely,

[Your Name]

[Your Title]

[Your Charity Name]