

# Insurance Tax Deduction Proof of Payment

Date: [Insert Date]

To Whom It May Concern,

This letter serves as proof of payment for insurance premiums that may qualify for tax deductions for the tax year [Insert Tax Year].

## Policyholder Information

Name: [Insert Policyholder Name]

Address: [Insert Policyholder Address]

Policy Number: [Insert Policy Number]

## Payment Details

Type of Insurance: [Insert Type of Insurance]

Payment Amount: \$[Insert Amount]

Date of Payment: [Insert Payment Date]

Payment Method: [Insert Payment Method]

## Insurance Company Information

Insurance Company Name: [Insert Company Name]

Address: [Insert Company Address]

Contact Number: [Insert Company Contact Number]

Please retain this letter for your records and for use in submitting your tax returns.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]