

Tax Refund Application for Medical Expenses

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

To:

[Tax Authority Name]

[Tax Authority Address]

[City, State, ZIP Code]

Subject: Application for Tax Refund for Medical Expenses

Dear [Tax Authority Contact/Department],

I am writing to formally request a tax refund for medical expenses incurred during the tax year [Year]. My tax identification number is [Your Tax ID Number].

During the aforementioned tax year, I incurred significant medical expenses totaling [Total Amount]. These expenses were necessary for my health and well-being and are eligible for tax deduction according to [applicable tax law]. I have attached all relevant documentation, including receipts and medical invoices, to support my claim.

I kindly ask that you review my application and process the refund at your earliest convenience. If any further information is needed, please do not hesitate to contact me at the provided phone number or email address.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]