

# Healthcare Tax Credit Certification

Date: [Insert Date]

To Whom It May Concern,

This letter serves as certification for [Insert Individual's Name], residing at [Insert Address], regarding their eligibility for the healthcare tax credit for the year [Insert Year].

According to our records, [Insert Individual's Name] meets the necessary requirements as outlined in the Affordable Care Act. This includes:

- Having an annual household income between [Insert Income Range].
- Being enrolled in a qualified health plan through the Health Insurance Marketplace.
- [Any additional eligibility criteria].

For any further information or verification, please feel free to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]