

# Healthcare Tax Credit Certification

Date: [Insert Date]

[Non-Profit Organization Name]

[Non-Profit Organization Address]

[City, State, Zip Code]

To Whom It May Concern,

This letter serves to certify that [Non-Profit Organization Name], located at [Non-Profit Organization Address], is a non-profit organization as recognized by the [Specify Authorizing Body, e.g., IRS] under section [Insert relevant section] of the Internal Revenue Code.

As a qualified non-profit organization, we hereby confirm our eligibility for the healthcare tax credit under the Affordable Care Act, as specified in section [Insert relevant section]. Our organization provides vital services to the community, and this tax credit will greatly assist in furthering our mission.

If you require any further information or documentation to support our eligibility for this tax credit, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Non-Profit Organization Name]

[Contact Information]