

Healthcare Tax Credit Certification

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

This letter serves as certification for your eligibility for the healthcare tax credit as a part-time worker. According to our records, you have been employed with [Company Name] since [Start Date] and have maintained your part-time status.

Your average weekly hours worked are [Insert Average Hours]. This qualifies you for the healthcare tax credit under the Affordable Care Act (ACA) provisions.

Please retain this letter for your records and use it when filing your taxes to claim your eligible credit.

If you have any questions regarding this certification or your healthcare benefits, please contact our HR department at [HR Contact Information].

Thank you for your contributions to our team.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]