

Healthcare Tax Credit Certification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

To Whom It May Concern,

I, [Your Name], am a self-employed individual and am writing to certify my eligibility for the healthcare tax credit. I operate my business as [Your Business Name] located at [Business Address].

For the tax year [Insert Year], I am providing information regarding my health insurance coverage, which meets the requirements for the health care tax credit under the Affordable Care Act.

Details of my health insurance plan:

- Insurance Provider: [Provider Name]
- Policy Number: [Policy Number]
- Coverage Period: [Start Date] to [End Date]
- Monthly Premium: [Amount]

I certify that the above information is accurate and true to the best of my knowledge. Attached are copies of my insurance documents for your reference.

Should you need any further information, please feel free to contact me at the above-listed phone number or email address.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]