

# Healthcare Tax Credit Certification

Date: [Insert Date]

[Your Business Name]  
[Your Business Address]  
[City, State, Zip Code]

[Recipient Name]  
[Recipient Title]  
[Recipient Organization]  
[Recipient Address]  
[City, State, Zip Code]

## Subject: Certification for Healthcare Tax Credit

Dear [Recipient Name],

This letter serves to certify that [Your Business Name] qualifies for the Small Business Health Care Tax Credit under the Affordable Care Act. Our business provides health insurance coverage to our employees and meets all the eligibility requirements specified by the IRS.

Details for certification:

- Business Size: [Number of Employees]
- Insurance Provider: [Provider Name]
- Coverage Period: [Start Date] to [End Date]
- Average Annual Wages: [Amount]

We understand the importance of providing healthcare benefits to our employees and are committed to maintaining this coverage. We appreciate the tax incentives available to small businesses like ours.

If you require any further information or documentation, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]  
[Your Title]  
[Your Business Name]