

Request for Tax Forgiveness Program Eligibility

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Department Name]

[Agency/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request an assessment of my eligibility for the tax forgiveness program provided by [Name of the Program/Agency]. Due to [brief explanation of circumstances, e.g., financial hardship, medical issues, etc.], I am seeking assistance to alleviate my tax obligations.

My tax identification number is [Insert Tax ID Number], and I have attached relevant documents that further detail my current financial situation, including [list of documents, e.g., income statements, proof of hardship, etc.].

I appreciate your consideration of my request and look forward to your prompt response. Thank you for your attention to this matter.

Sincerely,

[Your Name]