

# Eligibility for Tax Deduction Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to formally request an assessment of my eligibility for tax deductions pertaining to [specific expenses, contributions, or relevant criteria]. As a [your occupation or relevant status], I have incurred expenses that I believe qualify under the current tax laws.

The details of my eligibility are as follows:

- Expense Type: [e.g., medical expenses, charitable contributions]
- Amount Incurred: [e.g., \$X,XXX]
- Date of Expense: [e.g., MM/DD/YYYY]
- Supporting Documentation: [e.g., receipts, Form 1098]

I have attached copies of all relevant documentation for your review. I appreciate your assistance in evaluating my eligibility and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]