

# Request for Personal Tax Exemption Due to Disability Status

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Tax Authority Name]

[Tax Authority Address]

[City, State, ZIP Code]

Dear [Tax Authority Name or "Whom It May Concern"],

I am writing to formally request a personal tax exemption based on my disability status. My name is [Your Name], and my Social Security Number is [Your SSN]. I have been diagnosed with [specific disability] which significantly impairs my ability to [briefly describe impact on daily life or work].

According to [cite relevant law or regulation regarding disability tax exemptions], I believe I qualify for this exemption. I have enclosed the necessary documentation, including [list documents such as medical certification, proof of disability, etc.], to support my request.

I appreciate your consideration of my application and request for a personal tax exemption. If you require any further information or documentation, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]