

Tax Relief Program Eligibility Details

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that you may be eligible for the Tax Relief Program designed to assist individuals and families facing financial hardship. Below are the details regarding eligibility:

Eligibility Criteria:

- Annual income must be below [Insert Income Limit].
- Must be a resident of [Insert State/Region].
- Must provide documentation of financial hardship, such as [Insert Required Documents].
- Must not have any outstanding tax liabilities or pending audits.

If you meet the above criteria, you can apply for the program by submitting the required documentation to [Insert Submission Details]. The application deadline is [Insert Deadline].

For further information, please feel free to contact us at [Insert Contact Information]. We are here to assist you!

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]