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|  | | | | | | TID No. | |
| NEVADA DEPT OF TAXATION | | | | | |  | |
| OFFER IN COMPROMISE  WAIVER OF LIMITATION | | | | | |  | |
|  | | | | | | | |
| **Entity Name** DBA: | | | | | | | |
| The Taxpayer shown above has requested an offer to compromise a liability pursuant to NRS 360.263, NAC 360.437, and NAC 360.438. Taxpayer hereby agrees to suspend any and all statutory periods of limitation relevant to the collection of the liability of the taxpayer or the seizure, attachment, garnishment or execution upon property or assets of the taxpayer to satisfy the liability of the taxpayer during the period in which the Nevada Tax Commission considers whether to accept or reject the offer of compromise. | | | | | | | |
| Period(s) of liability offer has been requested for: | | | | | | | |
|  | | | | | | | |
| Dated: |  |  | By: |  | | | |
|  | | | | | | | |
|  | | | Title: | |  | | |
|  | | | | | | | |
|  | | | Accepted:  DEPARTMENT OF TAXATION | | | |  |
|  | | | | | | | |
|  | | |  | | | | |
|  | | | Name Date | | | | |

**SIGNATURE:** The Waiver of Limitation must be signed by a principal officer or individual making the offer in compromise. The signature of an individual from the Taxpayer’s entity will be prima-facie evidence that the individual is authorized to complete the Waiver of Limitation on behalf of Taxpayer and bind the Taxpayer according to the terms of the agreement. An agent or attorney-in-fact can sign the Waiver of Limitation when a copy of the power of attorney authorizing such a signature is attached to the waiver.

To email, save this form to your computer and email the attachment to [nevadaolt@tax.state.nv.us](mailto:nevadaolt@tax.state.nv.us) with the subject of ‘OIC Waiver of Limitation’. Your email, including attachments, cannot exceed 10 MB.