

AUTHORIZATION FOR RELEASE OF
INFORMATION TO PURCHASER
SUCCESSORS LIABILITY

TID No.

ST UT MBT Other

Requested By

Date

Entity Name

DBA

Location

I, _____, am owner, partner, officer, other in business shown above. _____ is purchasing or has purchased said business. I hereby authorize the Department of Taxation, in accordance with NRS 360.525, to disclose information regarding the status of the account to _____.

I request a Certificate of Amount Due. Please mail the certificate to the following address:

Signature

Title

Date

Signature

Title

Date

Signature(s) must be witnessed by a Department of Taxation employee or Notary Public:

NOTARY FORM

Department Employee

Date

State of Nevada

County of _____

On _____, _____, _____,
(Month) (Day) (Year) (Name)

personally appeared before me, and in my presence signed this document.

(Notary Public)

(Seal)

(Date Commission Expires)