

TID/Account No.:

NEVADA DEPT OF TAXATION

**PAYMENT AGREEMENT
WAIVER OF LIMITATION**

DBA:

The Taxpayer shown above has requested a payment agreement for payment of taxes in installments pursuant to NRS 360.2915, NAC 360.450 through NAC 360.464. 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 a period of not less than _____ years, until _____, for the following periods.

Period(s) of liability payment plan 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 requesting the payment agreement. 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.