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| NEVADA DEPT OF TAXATION | TID No. |
| AUTHORIZATION FOR RELEASE OF | ST  UT  MBT  Other |
| INFORMATION TO PURCHASER | Requested By |
| SUCCESSORS LIABILITY | Date  4/17/24 |

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| --- |
| 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:    Department Employee Date  **NOTARY FORM**  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) |