INSTRUCTIONS

Please enter the information included on the *Waiver of Limitation—Perpetual*, including the date it was signed. Then sign and date this document using the fields provided.

Authorization
An attorney or agent of the taxpayer may sign this notice provided the action is specifically authorized by a CDTFA-392, *Power of Attorney*. If a CDTFA-392 was not previously filed, you must include one with this form.

Delivery
This notice may be mailed to the local office handling the audit or it may be given to the examining auditor. Office locations and addresses may be found on our website at *www.cdtfa.ca.gov/office-locations.htm*.

Effective Date
This notice of revocation is not effective until it has been received by CDTFA. The taxpayer will receive a copy of the completed form signed by a CDTFA representative. Periods that would have otherwise expired under Revenue and Taxation Code section 6487 and, where applicable, local ordinances pursuant to the Bradley-Burns Uniform Local Sales and Use Tax Law and the Transactions and Use Tax Law, if not for the *Waiver of Limitation—Perpetual*, will expire 90 days from the effective date of the revocation.

Rights to Appeal
Signing this notice will not deprive the taxpayer of any appeals rights to which they would otherwise be entitled.

This form is written notice of revocation of the *Waiver of Limitation—Perpetual* that extended the statute of limitations for the period indicated below, under the agreement dated   .

NAME OF TAXPAYER	TAXPAYER DOING BUSINESS AS *(DBA)*
TAXPAYER ACCOUNT NUMBER	TAXPAYER ADDRESS

PERIOD *(enter the period previously agreed upon for which the* Waiver of Limitation—Perpetual *was executed)*

                    through

I declare that the information contained in this revocation form is correct as of the date signed.

SIGNATURE*	CAPACITY OR TITLE *(owner/officer/representative)*
PRINT NAME OF SIGNATORY	DATE

* Signatory, if not a corporate officer, member, partner, or owner, certifies under penalty of perjury that they hold a power of attorney to execute this document.

FOR CDTFA USE ONLY	
CDTFA REPRESENTATIVE *(please print)*	CDTFA REPRESENTATIVE SIGNATURE
DATE RECEIVED	CASE ID