



Waiver of Statute of Limitations

In order to process your request for a payment reduction on your current wage garnishment, we need a copy of this signed Waiver of Statute of Limitations on file. The payment reduction will represent the State's extension of time to pay off the debt.
Any refund requested during the payment reduction will be applied to the outstanding tax balance and your wage garnishment revised accordingly.

Taxpayer Last Name	First Name	Middle Initial	Colorado Account Number
Address			
City		State	Zip
Phone Number ()			Source: COL
Garnishment Payment Reduction			
I agree to the terms of this Garnishment Payment Reduction and by doing so, waive the statute of limitations for the collection of this debt.			
Taxpayer signature			Date
Sign and mail to: Colorado Department of Revenue, Denver, CO 80261-0005		Photocopy for your records	CDOR Use Only