

[Company/Organization Name]  
[Department Name]  
[Address Line 1]  
[City, State, Zip Code]

[Date]

[Recipient Name]  
[Recipient Address Line 1]  
[City, State, Zip Code]

**Subject: Confirmation of Notice of Deficiency Waiver**

Dear [Recipient Name],

This letter serves as formal confirmation that we have received and processed your signed Form [Form Number/Name], Waiver of Notice of Deficiency.

By signing this waiver, you have agreed to the assessment and collection of the following deficiencies for the tax year(s)/period(s) listed below:

- **Tax Period:** [Year/Period]
- **Deficiency Amount:** \$[Amount]
- **Interest/Penalties:** \$[Amount]

As a result of this waiver, you have waived your right to petition the [Name of Court, e.g., United States Tax Court] regarding these specific adjustments. We will proceed with the assessment based on the agreed-upon amounts.

You will receive a formal bill for the balance due shortly. If you have already made a payment for this amount, please disregard the forthcoming billing notice.

If you have any questions regarding this confirmation, please contact [Contact Name] at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]  
[Printed Name]  
[Title]

**Case Reference Number:** [Reference Number]