

Fill in this information to identify the case:

Debtor 1 AUTO MASTERS, LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filling)  
United States Bankruptcy Court for Nashville District of TN  
(State)  
Case number 17-07036 Ch 11

Pre-Petition Claim

Official Form 410

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Tennessee Department of Revenue  
Name of the creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  No.  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent? TDOR c/o Attorney General  
Name  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
PO Box 20207  
Number Street  
Nashville TN 37202-0207  
City State ZIP Code  
Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_  
Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

Where should notices to the creditor be sent?  
Where should payments to the creditor be sent? (if different)  
Name  
Number Street  
City State ZIP Code  
Contact phone  
Contact email

4. Does this claim amend one already filed?  No.  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  No.  
 Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No.  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \*\*\_\*\*\*8678

7. How much is the claim? \$ 21,099.00. Does this amount include interest or other charges?  No.  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any document supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosed information that is entitled to privacy, such as healthcare information.  
Taxes

9. Is all of part of the claim secured?  No.  Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No.  Yes. Amount necessary to cure any default as of the date of petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No.  Yes. Identify the property: \_\_\_\_\_

12.

Is all of part of the claim entitled to priority under 11 U.S.C § 507(a)?

No.

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ 0.00

Up to \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ 0.00

Wages, salaries, or commissions (up to \$12,475\* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ 0.00

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ 21,099.00

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ 0.00

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ 0.00

\* Amounts are subject to adjustment on 4/1/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

I declare under penalty or perjury that the foregoing is true and correct.

Executed on date 30-Oct-2017

MM / DD / YYYY

X Signature

Print the name of the person who is completing and signing this claim:

Name Sherry Grubbs
First Name Middle Name Last Name

Title Accounting Technician 1

Company Tennessee Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Deaderick St
Number Street

Nashville TN 37242
City State ZIP Code

Contact phone (615) 532-6324 Email Sherry.Grubbs@tn.gov



STATE OF TENNESSEE  
DEPARTMENT OF REVENUE

**Legal Claims Summary Sheet**

October 30, 2017

Letter ID: L2049573888

AUTO MASTERS, LLC  
TAXPAYER'S NAME  
AUTO MASTERS, LLC  
BUSINESS NAME  
October 17, 2017  
DATE PENALTY & INTEREST THROUGH  
BUSINESS CLOSURE DATE

17-07036  
CASE NUMBER  
Chapter 11  
CHAPTER #  
October 17, 2017  
DATE PETITION FILED  
1st CREDITORS MEETING

TAX TYPE	ACCT NUMBER	PERIOD END	RTN OR EST	TAX	PENALTY	INTEREST	BALANCE
Sales and Use Tax	1000034842-SLC	30-Sep-2017	Return	\$21,099.00	\$0.00	\$0.00	\$21,099.00
				<b>\$21,099.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$21,099.00</b>

# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

### [3:17-bk-07036 Auto Masters, LLC](#)

**Judge:** Charles M Walker      **Chapter:** 11  
**Office:** Nashville              **Last Date to file claims:** 02/15/2018  
**Trustee:**                              **Last Date to file (Govt):**

<i>Creditor:</i> (6485403)	<b>Claim No: 1</b>	<i>Status:</i>
TN Department of Revenue	<i>Original Filed</i>	<i>Filed by:</i> CR
TN Atty General's Office	<i>Date:</i> 11/01/2017	<i>Entered by:</i> DEBORAH ROSE
Bankruptcy Division	<i>Original Entered</i>	MCALLISTER
P O Box 20207	<i>Date:</i> 11/01/2017	<i>Modified:</i>
Nashville, TN 37202-0207		

Amount claimed: \$21099.00  
Priority claimed: \$21099.00

*History:*

[Details](#)   [1-1](#)   11/01/2017 Claim #1 filed by TN Department of Revenue, Amount claimed: \$21099.00 (MCALLISTER, DEBORAH )

*Description:*

*Remarks:*

### Claims Register Summary

**Case Name:** Auto Masters, LLC  
**Case Number:** 3:17-bk-07036  
**Chapter:** 11  
**Date Filed:** 10/17/2017  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$21099.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>	\$21099.00	
<b>Administrative</b>		