

Fill in this information to identify the case:

Debtor 1 AUTO MASTERS, LLC DBA AMC FINANCE, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NASHVILLE District of TN
(State)

Case number 17-07038 CH 11 PRE-PETITION

Official Form 410

Proof of Claim

12/15

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 current 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?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

TDOR c/o Attorney General

Name

Name

PO Box 20207

Number Street

Number

Street

Nashville

City

TN

State

37202-0207

ZIP Code

City

State

ZIP Code

Contact phone _____

Contact phone _____

Contact email _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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: 5 5 8 8

7. How much is the claim? \$ 819.48 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 documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.
Taxes

9. Is all or 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 the petition. \$ _____

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

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

- No
 Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____
- 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). \$ _____
- 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). \$ _____
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ 660.73
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____
- Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. \$ _____

* 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).

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

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.

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.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment 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.

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

Executed on date 10/30/2017
MM / DD / YYYY

Sherry J Grubbs
 Signature *dmw 10/30/17*

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

Name SHERRY GRUBBS
First name Middle name Last name

Title Account Tech I

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 37242-9718
City State ZIP Code

Contact phone (615)532-6324 Email sherry.grubbs@tn.gov



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

AUTO MASTERS, LLC

AMC FINANCE, LLC
4601 NOLENSVILLE PIKE
NASHVILLE TN 37211-5205

BANKRUPTCY

P.O.BOX 24890
NASHVILLE TN 37202

46-4235588/000
322006977
FRAN/EXCS2

Docket No.: 17-1038

Chapter: 11
Date Petition Filed: October 17, 2017

First Creditors Meeting: November 17, 2017
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	01-01-16	\$635.00	\$158.75	\$0.00	\$25.73	\$819.48
TOTALS			\$635.00	\$158.75	\$0.00	\$25.73	\$819.48

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$0.00
 Underpaid Balance: \$819.48
 Returned Checks: \$0.00

 GRAND TOTAL: \$819.48

Penalty and interest calculated through 10-17-17

Sherry Oubos
Preparer's Signature

October 30, 2017
Date

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:17-bk-07038 AMC Finance, LLC](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**
Creditor: (6485420) **Claim No: 1** *Status:*
 TN Department of Revenue *Original Filed* *Filed by:* CR
 TN Atty General's Office *Date:* 11/01/2017 *Entered by:* DEBORAH ROSE
 Bankruptcy Division *Original Entered* MCALLISTER
 P O Box 20207 *Date:* 11/01/2017 *Modified:*
 Nashville TN 37202-0207

 Amount claimed: \$819.48
 Priority claimed: \$660.73

History:

[Details](#) [1-1](#) 11/01/2017 Claim #1 filed by TN Department of Revenue, Amount claimed: \$819.48
 (MCALLISTER, DEBORAH)

Description:

Remarks:

Claims Register Summary

Case Name: AMC Finance, LLC
Case Number: 3:17-bk-07038
Chapter: 11
Date Filed: 10/17/2017
Total Number Of Claims: 1

Total Amount Claimed*	\$819.48
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority	\$660.73	
Administrative		