

Fill in this information to identify the case:

Debtor 1 AUTO MASTERS OF CLARKSVILLE, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for Nashville District of TN
(State)

Case number 17-07045 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? **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)	<u>TDOR c/o Attorney General</u> Name _____ <u>PO Box 20207</u> Number Street _____ <u>Nashville TN 37202-0207</u> City State ZIP Code _____ Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ _____ Number Street _____ _____ City State ZIP Code _____ Contact phone _____ Contact email _____
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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 the identify the debtor? No. Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: **_***5863

7. How much is the claim? \$ 12,314.31 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)?**

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

No.

Yes. *Check all that apply:*

<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 12,195.31
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ 0.00
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) 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 Sherry Grubbs *dmw 10/30/17*
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: L1646920704

AUTO MASTERS OF CLARKSVILLE, LLC

17-07045

TAXPAYER'S NAME

CASE NUMBER

AUTO MASTERS OF CLARKSVILLE, LLC

Chapter 11

BUSINESS NAME

CHAPTER #

October 17, 2017

October 17, 2017

DATE PENALTY & INTEREST THROUGH

DATE PETITION FILED

BUSINESS CLOSURE DATE

1st CREDITORS MEETING

TAX TYPE	ACCT NUMBER	PERIOD END	RTN OR EST	TAX	PENALTY	INTEREST	BALANCE
Sales and Use Tax	1000239170-SLC	30-Sep-2017	Return	\$12,187.00	\$0.00	\$0.00	\$12,187.00
				\$12,187.00	\$0.00	\$0.00	\$12,187.00



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

AUTO MASTERS, LLC

BANKRUPTCY

AUTO MASTERS OF CLARKSVILLE, LLC
997 S RIVERSIDE DR
CLARKSVILLE TN 37040-3115

P.O.BOX 24890
NASHVILLE TN 37202

Docket No.: 17-07045

Chapter: 11

Date Petition Filed: October 17, 2017

First Creditors Meeting: November 17, 2017

Business Closure Date:

45-5135863/000
172605864
BUS COUNTY

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	01-01-16	\$0.00	\$119.00	\$0.00	\$8.31	\$127.31
TOTALS			\$0.00	\$119.00	\$0.00	\$8.31	\$127.31

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$0.00
 Underpaid Balance: \$127.31
 Returned Checks: \$0.00
GRAND TOTAL: \$127.31

Penalty and interest calculated through 10-17-17


Preparer's Signature

October 27, 2017
Date

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:17-bk-07045 Auto Masters of Clarksville, LLC](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**
Creditor: (6485490) **Claim No: 1** *Status:*
Tennessee Department of *Original Filed* *Filed by:* CR
Revenue *Date:* 11/01/2017 *Entered by:* DEBORAH ROSE
PO Box 20207 *Original Entered* MCALLISTER
Nashville, TN 37202-0207 *Date:* 11/01/2017 *Modified:*

Amount claimed: \$12314.31
Priority claimed: \$12195.31

History:

[Details](#) [1-1](#) 11/01/2017 Claim #1 filed by Tennessee Department of Revenue, Amount claimed: \$12314.31
(MCALLISTER, DEBORAH)

Description:

Remarks:

Claims Register Summary

Case Name: Auto Masters of Clarksville, LLC
Case Number: 3:17-bk-07045
Chapter: 11
Date Filed: 10/17/2017
Total Number Of Claims: 1

Total Amount Claimed*	\$12314.31
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	\$12195.31	
Administrative		

