

Fill in this information to identify the case:

Debtor 1 AUTO MASTERS OF FRANKLIN, LLC
Debtor 2 _____
(Spouse, if filling)
United States Bankruptcy Court for Nashville District of TN
Case number 17-07047 Ch 11
(State)

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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Where should notices to the creditor be sent? TDOR c/o Attorney General
Name
PO Box 20207
Number Street
Nashville TN 37202-0207
City State ZIP Code
Contact phone _____
Contact email _____
Where should payments to the creditor be sent? (if different)
Name
Number Street
City State ZIP Code
Contact phone _____
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 the identify the debtor? No. Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: **_***1534

7. How much is the claim? \$ 13,917.00 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)?**

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).	\$ 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).	\$ 13,917.00
<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 02-Nov-2017
MM / DD / YYYY

x Sherry Grubbs dm
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

November 2, 2017

Letter ID: L0643105792

<u>AUTO MASTERS OF FRANKLIN, LLC</u>	<u>17-07047</u>
TAXPAYER'S NAME	CASE NUMBER
<u>AUTO MASTERS OF FRANKLIN, LLC</u>	<u>Chapter 11</u>
BUSINESS NAME	CHAPTER #
<u>October 17, 2017</u>	<u>October 17, 2017</u>
DATE PENALTY & INTEREST THROUGH	DATE PETITION FILED
<u>BUSINESS CLOSURE DATE</u>	<u>1st CREDITORS MEETING</u>

TAX TYPE	ACCT NUMBER	PERIOD END	RTN OR EST	TAX	PENALTY	INTEREST	BALANCE
Sales and Use Tax	1000254647-SLC	30-Sep-2017	Return	\$13,917.00	\$0.00	\$0.00	\$13,917.00
				\$13,917.00	\$0.00	\$0.00	\$13,917.00

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:17-bk-07047 AUTO MASTERS OF FRANKLIN, LLC](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6499653)
Tennessee Department of
Revenue
c/o Attorney General
PO Box 20207
Nashville, TN 37202

Claim No: 2
Original Filed
Date: 11/03/2017
Original Entered
Date: 11/03/2017

Status:
Filed by: CR
Entered by: DEBORAH ROSE
MCALLISTER
Modified:

Amount claimed: \$13917.00

Priority claimed: \$13917.00

History:

[Details](#) [2-1](#) 11/03/2017 Claim #2 filed by Tennessee Department of Revenue, Amount claimed: \$13917.00
(MCALLISTER, DEBORAH)

Description:

Remarks:

Claims Register Summary

Case Name: AUTO MASTERS OF FRANKLIN, LLC

Case Number: 3:17-bk-07047

Chapter: 11

Date Filed: 10/17/2017

Total Number Of Claims: 1

Total Amount Claimed*	\$13917.00
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	\$13917.00	
Administrative		