

**Fill in this information to identify the case:**

Debtor 1 AUTO MASTERS OF MADISON, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

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

Case number 17-07049 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?		<u>Tennessee Department of Revenue</u> 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?		<input checked="" type="checkbox"/> No. <input type="checkbox"/> 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?		Where should payments to the creditor be sent? (if different)
	<u>TDOR c/o Attorney General</u> Name		_____ Name
	<u>PO Box 20207</u> Number Street		_____ Number Street
	<u>Nashville TN 37202-0207</u> City State 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?		<input checked="" type="checkbox"/> No. <input type="checkbox"/> 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?		<input checked="" type="checkbox"/> No. <input type="checkbox"/> 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: \*\*-\*\*\*7777

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7. How much is the claim? \$ 4,076.65. 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).

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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

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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

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

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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:*

	<b>Amount entitled to priority</b>
<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).	\$ 3,831.35
<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* *dm 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: L1994261504

AUTO MASTERS OF MADISON, LLC TAXPAYER'S NAME	17-07049 CASE NUMBER
AUTO MASTERS OF MADISON, LLC BUSINESS NAME	Chapter 11 CHAPTER #
October 27, 2017 DATE PENALTY & INTEREST THROUGH	October 27, 2017 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	1000186315-SLC	30-Sep-2017	Return	\$3,823.00	\$191.15	\$5.02	\$4,019.17
				<b>\$3,823.00</b>	<b>\$191.15</b>	<b>\$5.02</b>	<b>\$4,019.17</b>



# TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE  
LEGAL CLAIMS SUMMARY SHEET

AUTO MASTERS, LLC

BANKRUPTCY

AUTO MASTERS OF MADISON, LLC  
712 GALLATIN PIKE N  
MADISON TN 37115-2811

P.O.BOX 24890  
NASHVILLE TN 37202

26-1537777/000  
166431885  
BUS COUNTY

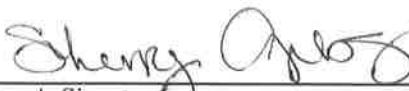
Docket No.: 17-07049  
Chapter: 11  
Date Petition Filed: October 17, 2017  
First Creditors Meeting: November 17, 2017  
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	01-01-15	\$0.00	\$15.00	\$0.00	\$0.60	\$15.60
1	ORIG	01-01-16	\$0.00	\$39.15	\$0.00	\$2.73	\$41.88
TOTALS			\$0.00	\$54.15	\$0.00	\$3.33	\$57.48

**RECAP**

Audit Balance: \$0.00  
 Payment Agreement Balance: \$0.00  
 No Remittance Balance: \$0.00  
 Estimated Assessments: \$0.00  
 Underpaid Balance: \$57.48  
 Returned Checks: \$0.00  
 GRAND TOTAL: \$57.48

Penalty and interest calculated through 10-17-17

  
Preparer's Signature

October 27, 2017  
Date

# MIDDLE DISTRICT OF TENNESSEE

## Claims Register

[3:17-bk-07049 Auto Masters of Madison, LLC](#)

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

<p><i>Creditor:</i> (6485623)          TN Department of Revenue          TN Atty General's Office          Bankruptcy Division          P O Box 20207          Nashville, TN 37202-0207</p>	<p><b>Claim No: 1</b>  <i>Original Filed</i>          Date: 11/01/2017  <i>Original Entered</i>          Date: 11/01/2017</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> DEBORAH ROSE          MCALLISTER  <i>Modified:</i></p>
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Amount claimed: \$4076.65  
 Priority claimed: \$3831.35

*History:*

[Details](#)   [1-1](#) 11/01/2017 Claim #1 filed by TN Department of Revenue, Amount claimed: \$4076.65 (MCALLISTER, DEBORAH )

*Description:*

*Remarks:*

### Claims Register Summary

**Case Name:** Auto Masters of Madison, LLC  
**Case Number:** 3:17-bk-07049  
**Chapter:** 11  
**Date Filed:** 10/17/2017  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$4076.65
<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>	\$3831.35	
<b>Administrative</b>		