


UNITED STATES BANKRUPTCY COURT <i>District of Delaware</i>		PROOF OF CLAIM
Name of Debtor: <u>Anderson News LLC</u>		Case Number: <u>09-10695 (C) 35</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>KNOX COUNTY CLERK</u>		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: <u>8/6/09</u>
Name and address where notices should be sent: <u>KNOX COUNTY CLERK, BUSINESS TAX</u> <u>P.O. BOX 1506</u> <u>KNOXVILLE, TN 37901</u> Telephone number: <u>865-215-3902</u>		
Name and address where payment should be sent (if different from above): <u>Same</u> Telephone number: <u>BMC GROUP</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>4,296.93</u>		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (n)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: <u>\$4,296.93</u>
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim: <u>TAXES</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>3578</u>		
3a. Debtor may have scheduled account as: <u>3578</u> (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. Anderson News LLC  00017 If the documents are not available, please explain:		
Date: <u>9/3/09</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>Melissa R. Webb - supervisor - Melissa R. Webb</u>	

RECEIVED
MAR 19 2010

BMC GROUP

FOR COURT USE ONLY
 CLERK
 BANKRUPTCY COURT
 DISTRICT OF DELAWARE
 SEP 11 PM 2:09
 FED

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 875 and 3571.

This application along with proper remittance must be received by this office on or before the dates applicable to the classification in which the business is classified or within 20 days after commencement of business for a new business, or penalty and interest provided by section 67-4-720, Tennessee Code Annotated will apply.

BUSINESS TAX ACT LICENSE AND TAX REPORT

AS REQUIRED BY SECTION 67-4-715,
TENNESSEE CODE ANNOTATED

FOR USE BY COUNTY/CITY ONLY

09/03/2009

Date Received

0

Business Tax Receipt Numbers

Class 03 Retail

Class, Indicate Retail, Wholesale, or Both

.00

Minimum Tax Amount Received

4,098.33

Business Tax
(Excluding Penalty, Interest, Credits, & Fees)

117.08

Penalty and Interest

Tax Period 07/01/2008 to 06/30/2009

MAIL RETURNS AND REMITTANCES TO:

**FOSTER D ARNETT JR
KNOX COUNTY CLERK**

PO BOX 1566

300 MAIN AVE. ROOM 226

KNOXVILLE, TN 37901

Phone: 865-215-2392 Fax: 865-215-3156

BUSINESS CLOSING

**A FINAL REPORT MUST BE FILED
WITHIN 15 DAYS OF YOUR LAST DAY
OF BUSINESS IN ORDER TO AVOID
PENALTY & INTEREST.**

Mailing Address

**3578 ANDERSON NEWS LLC
6016 BROOKVALE LN
ACCT 151
KNOXVILLE TN 37919-0000**

For Corrections: Name of Business, Change in
Ownership, Mailing Address, and State Sales Tax No.:

- Gross true and accurate.

PAY YOUR BUSINESS TAX ONLINE AT www.tncountyclerk.com

Location **ANDERSON NEWS LLC
10610 DUTCHTOWN RD
KNOXVILLE TN 37932**

****UNAUTHORIZED****

Account: **3578** Owner: **DAVE WATSON**

Phone #:

3. Type of Business - Dominant Business Activity (primary product, vocation or occupation.)

5192 BOOK/PERIOD/NEWSPAPER WHLS

If this is a final report, state date business ceased to operate. _____

NOTICE: Penalty and Interest will be Applied if not paid by **08/31/2009**

1. Total Gross Sales or Services for Tax Period (less Sales Tax)	\$	11,228,354.56
2. Less: Deductions for Business Tax Purposes from Line 12, Schedule A,	\$	299,486.25
3. Taxable Gross Sales or Services for Tax Period (line 1 less line 2)	\$	10,928,868.31
a. Retail Sales _____ % of Taxable Gross Sales	\$	_____
b. Wholesales Sales 100.00 % of Taxable Gross Sales (if greater than 80% put 100% in Wholesale and 0% in Retail) (if less than 20% put 100% in Retail and 0% in Wholesale)	\$	10,928,868.31
4. Retail Rate of Tax 0.0018750 (if applicable)	\$	_____
(Line 3a multiplied by Rate)	\$	_____
5. Wholesale Rate of Tax 0.0003750 (if applicable) Must be 20% or more of Total Gross	\$	4,098.33
(Line 3b multiplied by Rate)	\$	4,098.33
6. a. Preliminary Gross Business Tax Due (line 4 plus line 5)	\$	4,098.33
b. LESS: Minimum License Fee Previously Paid (Former License # 189452)	\$	_____
Limited to amount on line 6a	\$	15.00
c. Business Tax Base Prior to Local/State Calculations - Line 6a - Line 6b (do not enter less than zero)	\$	4,083.33
	LOCAL	STATE
7. a. Local 66.67% of Line 6c.	\$	2,722.36
b. State Line 6c less 7a	\$	1,360.97
Allowable Credits:		
8. Less: Personal Property Tax (Limited to Local Tax Amount - Line 7a	\$	_____
Personal Property Tax Date Pd. _____ Rec'pt # _____		
9. a. Tax-Local - Lines 7a less Line 8 (do not enter less than zero); State - enter line 7b.	\$	2,722.36 \$ 1,360.97
b. Calculate 15% state share of local tax Line 9a (local) times 15%=9b 408.35		
c. Local & state tax liability. Local - Line 9a (local) less line 9b; State - Line 9a (state) plus line 9b.	\$	2,314.01 \$ 1,769.32
Important: If this return is filed with the proper collecting agencies prior to the delinquency date shown above for the appropriate business class, skip to line 12 below. If filed late, proceed to lines 9d thru 11 to calculate the proper penalty and interest to report.		
d. Calculate percentage used to allocate penalty and interest. Divide line 9c (Local) by the Sum of amounts (Local & State) Line 9c and enter as a percentage using the format of xx.xx%. Repeat calculation dividing line 9c (state) by the Sum of amounts (Local & State) line 9c.		56.67 % 43.33 %
10. Penalty (Rate = 5% for each 30 day period or portion thereof for which tax is delinquent (total penalty not to exceed 25%) Calculate total penalty - apply rate to sum of amounts (local & state) Line 9c and enter results here. (See instructions) (Minimum penalty = \$15) Penalty = \$ 204.17	\$	115.70
a. Local - Multiply Penalty amount by percentage on line 9d (Local)	\$	_____
b. State - Multiply Penalty amount by percentage on line 9d (State)	\$	88.47
11. Interest (7.25% x # of days delinquent divided by 365.25 x Line 9c) [Computed daily from date delinquent until paid]	\$	1.38 \$ 1.05
12. Total Add Lines 9c, 10a, 10b & 11 (if applicable) From BOTH Local & State Columns	\$	2,431.09 \$ 1,858.84
13. Collecting and Recording Fees (\$7 per location for consolidated return)	\$	7.00
14. Minimum Tax For Next Period Note: Minimum tax is due regardless of amount of credits claimed Line 8 (\$15 per location for consolidated return)	\$	_____
15. Penalty - Add 5% of Line 14 for each 30 day period or portion thereof for which tax is delinquent - Not to exceed 25%	\$	_____
16. Interest (7.25% x # of days delinquent divided by 365.25 x Line 14)	\$	_____
17. Total Minimum Tax and Business Tax Sum of amounts in line 12, 13, 14, 15, 16 from Local & State Columns	\$	4,296.93

Make Check for Amount in Line 17