

United States Bankruptcy Court of DELAWARE	PROOF OF CLAIM
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Name of Debtor: ANDERSON NEWS L L C :: Chapter: 7	Case Number: 09-10695CSS
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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): <p style="text-align: center;">Mississippi State Tax Commission</p>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on:
Name and address where notices should be sent: <p style="text-align: center;">Bankruptcy Section – Mississippi State Tax Commission P.O. Box 22808 Jackson, MS 39225-2808</p>	Telephone number: 601-923-7393

Name and address where payment should be sent (if different from above): <p style="text-align: center; font-size: x-large;">RECEIVED MAR 19 2010 BMC GROUP</p>	<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.
Telephone number:	Filed on:

1. Amount of Claim as of Date Case Filed: \$ 484.56 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 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.	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.
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2. Basis for Claim: <u>State Taxes</u>	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
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3. Last four digits of any number by which creditor identifies debtor: <u>5746</u> 3a. Debtor may have scheduled account as: <u>1756041</u>	<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).
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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: <u>12</u> % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ <u>0.00</u> Amount of Unsecured: \$ _____	<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 (a) (8).
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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.)	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a) (____). Amount entitled to priority: \$ <u>0.00</u> *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with after respect to cases commenced on or a date of adjustment.
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DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: _____ 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. <p style="text-align: center;">Anderson News LLC</p> <p style="font-size: x-large;">2/4/2010/Brenda T. Carter</p>	FOR COURT USE ONLY <div style="text-align: center;">  00034 </div>
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 FEDERAL BANKRUPTCY COURT
 DELAWARE

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Proof Of Claim Exhibit "A"

Name of Debtor: **ANDERSON NEWS L L C**

Taxpayer Number **1756041**

Type	Account Number	Liability Number	Period	Tax	Interest	Penalty	Other	Basis
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Secured Claim



Unsecured Priority Claim



General Unsecured Claim

Income Withholding Tax	036-147573451-01	51518835	JAN 2003	0.00	0.00	484.56		Miss. Code Ann. §§ 27-7-301, et seq.
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Administrative expense

SIGNATURE

/s/ Brenda Carter
Brenda T. Carter
Bankruptcy Administrator
Mississippi State Tax Commission
(601)923-7393

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