

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

Debtor 1 ANDERSON NEWS LLC

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

United States Bankruptcy Court for Wilmington District of DE  
(State)

Case number 09-10695 Ch 11

**Amended  
Post-Petition Claim**

RECEIVED

MAR 26 2018

BMC GROUP

**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?	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	_____ 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 type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>#364</u> Filed on <u>2-17-10</u> <u>256</u> <u>9-18-13</u> 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**

<b>6.</b>	<b>Do you have any number you use the identify the debtor?</b>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>**-***5746</u>
<b>7.</b>	<b>How much is the claim?</b> <u>\$ 75,491.04</u>	<b>Does this amount include interest or other charges?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
<b>8.</b>	<b>What is the basis of the claim?</b>  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.  <u>Taxes</u>	
<b>9.</b>	<b>Is all of part of the claim secured?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____  <b>Amount of the claim that is secured:</b> \$ _____  <b>Amount of the claim that is unsecured:</b> \$ _____ <div style="text-align: right; font-size: small;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
<b>10.</b>	<b>Is this claim based on a lease?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition. \$ _____	
<b>11.</b>	<b>Is this claim subject to a right of setoff?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> 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:

	Amount entitled to priority
<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).	\$ 75,491.04
<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)( ) 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 of perjury that the foregoing is true and correct.

Executed on date 16-Mar-2018  
MM / DD / YYYY

X

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

March 16, 2018

Letter ID: L0761859072

ANDERSON NEWS LLC  
TAXPAYER'S NAME  
ANDERSON NEWS LLC  
BUSINESS NAME  
March 16, 2018  
DATE PENALTY & INTEREST THROUGH  
BUSINESS CLOSURE DATE

09-10695  
CASE NUMBER  
Chapter 11  
CHAPTER #  
December 30, 2009  
DATE PETITION FILED  
1st CREDITORS MEETING

TAX TYPE	ACCT NUMBER	PERIOD END	RTN OR EST	TAX	PENALTY	INTEREST	BALANCE
Sales and Use Tax	1000057392-SLC	31-Dec-2010	Estimate	\$6,305.00	\$1,576.25	\$3,326.07	\$11,207.32
Sales and Use Tax	1000057392-SLC	31-Dec-2011	Estimate	\$6,305.00	\$1,576.25	\$2,869.27	\$10,750.52
Sales and Use Tax	1000057392-SLC	31-Dec-2012	Estimate	\$6,305.00	\$1,576.25	\$2,411.22	\$10,292.47
Sales and Use Tax	1000057392-SLC	31-Dec-2013	Estimate	\$2,798.75	\$0.00	\$867.55	\$3,666.30
Sales and Use Tax	1000057392-SLC	31-Dec-2013	Estimate	\$3,506.25	\$350.63	\$296.63	\$4,153.51
Sales and Use Tax	1000057392-SLC	31-Dec-2014	Estimate	\$6,305.00	\$1,576.25	\$1,497.62	\$9,378.87
Sales and Use Tax	1000057392-SLC	31-Dec-2015	Estimate	\$6,305.00	\$630.51	\$1,080.65	\$8,016.16
Sales and Use Tax	1000057392-SLC	31-Dec-2016	Estimate	\$6,305.00	\$630.51	\$576.98	\$7,512.49
Sales and Use Tax	1000057392-SLC	31-Dec-2017	Estimate	\$7,881.00	\$788.10	\$91.49	\$8,760.59
				<b>\$52,016.00</b>	<b>\$8,704.75</b>	<b>\$13,017.48</b>	<b>\$73,738.23</b>







# TENNESSEE DEPARTMENT OF REVENUE

## TENNESSEE DEPARTMENT OF REVENUE LEGAL CLAIMS SUMMARY SHEET

ANDERSON NEWS, LLC.

BANKRUPTCY

ANDERSON NEWS, LLC  
265 BROOKVIEW CENTRE WAY  
KNOXVILLE TN 37919-4066

824 MARKET STREET  
WILMINGTON DE 19801

Docket No.: 09-10695

Chapter: 11

Date Petition Filed: December 30, 2009

First Creditors Meeting: February 1, 2010

Business Closure Date:

62-1745746/000  
503953799  
BUS CITY

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	10-01-13	\$0.00	\$15.00	\$0.00	\$0.02	\$15.02
1	DLNQ	10-01-14	\$100.00	\$25.00	\$0.00	\$16.48	\$141.48
1	DLNQ	10-01-15	\$100.00	\$25.00	\$0.00	\$9.08	\$134.08
1	DLNQ	10-1-16	\$125.00	\$15.00		\$16.64	\$141.64
TOTALS			\$325.00	\$80.00	\$0.00	\$27.22	\$432.22

**RECAP**

Audit Balance: \$0.00  
Payment Agreement Balance: \$0.00  
No Remittance Balance: \$0.00  
Estimated Assessments: \$ 417.20  
Underpaid Balance: \$15.02  
Returned Checks: \$0.00

GRAND TOTAL: \$ 432.22

Penalty and interest calculated through 03-16-18

Preparer's Signature

March 16, 2018  
Date



# TENNESSEE DEPARTMENT OF REVENUE

## TENNESSEE DEPARTMENT OF REVENUE LEGAL CLAIMS SUMMARY SHEET

ANDERSON NEWS, LLC.

BANKRUPTCY

ANDERSON NEWS, LLC  
265 BROOKVIEW CENTRE WAY  
KNOXVILLE TN 37919-4066

824 MARKET STREET  
WILMINGTON DE 19801

Docket No.: 09-10695

Chapter: 11

Date Petition Filed: December 30, 2009

First Creditors Meeting: February 1, 2010

Business Closure Date:

62-1745746/000  
173653471  
BUS COUNTY

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	07-01-12	\$10.00	\$0.00	\$0.00	\$3.37	\$13.37
1	ORIG	10-01-13	\$0.00	\$15.00	\$0.00	\$0.02	\$15.02
1	DLNQ	10-01-14	\$100.00	\$25.00	\$0.00	\$16.48	\$141.48
1	DLNQ	10-01-15	\$100.00	\$25.00	\$0.00	\$9.08	\$134.08
1	DLNQ	10-1-16	\$125.00	\$15.00		\$16.64	\$141.64
	TOTALS		\$335.00	\$80.00	\$0.00	\$30.59	\$445.59

### RECAP

Audit Balance: \$0.00

Payment Agreement Balance: \$0.00

No Remittance Balance: \$0.00

Estimated Assessments: \$417.20

Underpaid Balance: \$28.39

Returned Checks: \$0.00

GRAND TOTAL: \$445.59

Penalty and interest calculated through 03-16-18

*Sherry Hobbs*  
Preparer's Signature

March 16, 2018  
Date