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| UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF SOUTH CAROLINA | | PROOF OF CLAIM |
| Name of Debtor: CCHG HOLDINGS INC | | Case Number: 12-01223-JW |
| NOTE: <i>Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i> | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service | | COURT USE ONLY |
| Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 | | <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____ |
| Telephone number: 1-800-973-0424 email: _____ Creditor Number: 541965244 | | |
| Name and address where payments should be sent (if different from above): Internal Revenue Service 1835 Assembly St M/S MDP Columbia, SC 29201 | | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this 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: (803) 312-7826 email: _____ | | |
| 1. Amount of Claim as of Date Case Filed: \$ <u>1,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the 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 a statement that itemizes interest or charges. | | |
| 2. Basis for Claim: <u>Taxes</u> (See instruction #2) | | |
| 3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u> | 3a. Debtor may have scheduled account as: _____ (See instruction #3a) | 3b. Uniform Claim Identifier (optional): _____ (See instruction #3b) |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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: | | Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$ _____ |
| Value of Property: \$ _____ | | Basis for perfection: _____ |
| Annual Interest Rate ___% <input type="checkbox"/> fixed or <input type="checkbox"/> variable (when case was filed) | | Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ |
| 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. | | |
| <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 \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, 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). |
| | | Amount entitled to priority: \$ <u>1,000.00</u> |
| <input type="checkbox"/> Up to \$2,600* 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). | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(___). |
| *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. | | |
| 6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6) | | |



B10 (Official Form 10) (12/11)

7. Documents: Attach are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor.
- I am the creditor's authorized agent. (Attach copy of power of attorney, if any.)
- I am the trustee of the debtor. (See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: JAN PRIOLEAU
Title: Bankruptcy Specialist
Company: Internal Revenue Service

/s/ JAN PRIOLEAU
(Signature)

03/29/2012
(Date)

Address and telephone number (if different from notice address above):
Internal Revenue Service
1835 Assembly St
M/S MDP
Columbia, SC 29201

Telephone number: (803) 312-7826

Email:

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: CCHG HOLDINGS INC
3598 HIGHWAY 11
TRAVELERS REST, SC 29690

| |
|---------------------------------------|
| Case Number 12-01223-JW |
| Type of Bankruptcy Case CHAPTER 11 |
| Date of Petition 02/27/2012 |

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

| <i>Taxpayer ID Number</i> | <i>Kind of Tax</i> | <i>Tax Period</i> | <i>Date Tax Assessed</i> | <i>Tax Due</i> | <i>Interest to Petition Date</i> |
|---------------------------|--------------------|-------------------|--------------------------|----------------|----------------------------------|
| XX-XXX1356 | CORP-INC | 12/31/2011 | / NOT FILED | \$500.00 | \$0.00 |
| XX-XXX1356 | CORP-INC | 12/31/2012 | / NOT FILED | \$500.00 | \$0.00 |
| | | | | \$1,000.00 | \$0.00 |

Total Amount of Unsecured Priority Claims: \$1,000.00

1 THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR BECAUSE THE RETURN HAS NOT BEEN FILED. AS SOON AS THE DEBTOR FILES THE RETURN WITH THE IRS AS REQUIRED BY LAW THIS CLAIM WILL BE ADJUSTED TO REFLECT THE ASSESSED LIABILITY.

District of South Carolina Claims Register

12-01223-jw CCHG Holdings, Inc.

Chief Judge: John E. Waites

Chapter: 11

Office: Spartanburg

Last Date to file claims:

Trustee:

Last Date to file (Govt): 08/27/2012

Creditor: (541965244)
Internal Revenue Service
Centralized Insolvency
Operation
P.O. Box 7346
Philadelphia, PA 19114

Claim No: 1
Original Filed
Date: 03/30/2012
Original Entered
Date: 03/30/2012

Status:
Filed by: CR
Entered by: Internal Revenue
Service
Modified:

Amount claimed: \$1000.00
Secured claimed: \$0.00
Priority claimed: \$1000.00

History:

Details 1-1 03/30/2012 Claim #1 filed by Internal Revenue Service, Amount claimed: \$1000.00
(Internal Revenue Service)

Description:

Remarks:

Claims Register Summary

Case Name: CCHG Holdings, Inc.

Case Number: 12-01223-jw

Chapter: 11

Date Filed: 02/28/2012

Total Number Of Claims: 1

| | |
|------------------------------|-----------|
| Total Amount Claimed* | \$1000.00 |
| 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 | \$0.00 | |
| Priority | \$1000.00 | |
| Administrative | | |