

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF SOUTH CAROLINA _____		PROOF OF CLAIM
Name of Debtor: CLIFFS CLUB & HOSPITALITY SERVICE COMPANY LLC		Case Number: 12-01237-JW
NOTE: 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.		
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 checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: <u>03/30/2012</u>
Telephone number: 1-800-973-0424 email: _____ Creditor Number: 541965324		
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: _____		
<div style="text-align: center; font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin: 0;">JUL 09 2012</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; margin: 0;">BMC GROUP</div>		
1. Amount of Claim as of Date Case Filed: \$ <u>5,285.16</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: _____ See Attachment	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: _____ Value of Property: \$ _____ Annual Interest Rate ___% <input type="checkbox"/> fixed or <input type="checkbox"/> variable (when case was filed)		Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ 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>5,285.16</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)		



Proof of Claim for Internal Revenue Taxes



Form 10
Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: CLIFFS CLUB & HOSPITALITY SERVICE
COMPANY LLC
3598 HIGHWAY 11
TRAVELERS REST, SC 29690

Case Number	12-01237-JW
Type of Bankruptcy Case	CHAPTER 11
Date of Petition	02/28/2012

Amendment No. 2 to Proof of Claim dated 03/30/2012.

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-XXX9665	WT-FICA	03/31/2010	05/21/2012	\$0.00	\$0.00
XX-XXX9665	WT-FICA	03/31/2012	05/21/2012	\$0.00	\$0.00
XX-XXX9665	FUTA	12/31/2012	1 Unassessed Liability	\$5,285.16	\$0.00
				\$5,285.16	\$0.00

Total Amount of Unsecured Priority Claims: \$5,285.16

1 THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR DUE TO DEBTOR'S FAILURE TO MAKE REQUIRED TAX DEPOSITS. AS SOON THE DEBTOR FILES THE RETURN WITH THE IRS AS REQUIRED BY LAW THIS CLAIM WILL BE ADJUSTED AS NECESSARY

