B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DELAWARE DISTRICT OF DE

PROOF OF CLAIM

Name of Debtor: AMERICA CHARTERS LTD

Case Number 1210021

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):
Pennsylvania Department of Revenue

Name and address where notices should be sent:

Bankruptcy Division PO Box 280946
Harrisburg, PA 17128-0946

Telephone number:
(717) 783-8989

RECEIVED
FEB 24 2012
BMC GROUP

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

Telephone number:

☐ 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.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: $ 2,641.00

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.

☐ 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: Taxes
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(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: ☐ Real Estate ☐ Motor Vehicle ☐ Other

Value of Property: $ Unknown **Annual Interest Rate** 3 %

Amount of arrearage and other charges as of time case filed included in secured claim, if any: $ 0.00 **Basis for perfection:** _____

Amount of Secured Claim: $ 0.00 **Amount Unsecured:** $ 156.00

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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or(a)(1)(B)

☐ 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).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ 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).

☒ Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$ 2,485.00

*Amounts are subject to adjustment on 4/1/10 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.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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 definition of "redacted" on reverse side.)

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

If the documents are not available, please explain:

Date: 2/13/2012

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.

/s/ Michael Martin, Chief

FOR COURT USE ONLY

Coach America

00265

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG, PA 17128-0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

December 13. 2012

BMC Group, Inc.
Attn: Coach America Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

Case No: 12-10021 DE
AMERICA CHARTERS LTD

Dear Clerk of Courts:

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance. This represents a claim in the sum of:

$ 2,641.00

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below. Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope.

Sincerely,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 346-1488
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

BUREAU OF COMPLIANCE
·PO Box 280946
HARRISBURG, PA 17128-0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

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Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG PA 17128-0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

February 13, 2012

CHRISTOPHER A WARD
222 DELAWARE AVE
STE 1101
WILMINGTON DE 19801

Dear CHRISTOPHER A WARD,

Re:AMERICA CHARTERS LTD

Case Number: 1210021

Enclosed is a copy of the proof of claim filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance, Bankruptcy Division. This represents a claim in the sum of:

$ 2,641.00

Sincerely,

Ethel Powell
Bankruptcy Review Sect
Bankruptcy Division
Telephone: (717) 346-1488
Fax: (717) 783-4331

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG PA 17128-0946

Ethel Powell

SUPPORTING DOCUMENTATION FOR TAXES DUE THE COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE

☑ Original Claim
☐ Amended Claim

This claim supercedes all Previous claims filed.

Date Amended:

AMERICA CHARTERS LTD
AMERICA CHARTERS LTD

UNITED STATES BANKRUPTCY COURT
DELAWARE DISTRICT OF DELAWARE
Petition Filing Date: 01/03/2012
Case Number: 1210021 DE
Chapter: 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth. At this present time of the filing of this proof of claim, the Debtor was indebted to the Commonwealth in the

SUM OF **$2,641.00** for the following:

☐ **State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P.S. 7210**

☐ **Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P.S. 7301**

☐ **Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P.S. 7301**

☑ **Corporate Net Income Tax**

☑ **Capital Stock-Franchise Tax**

☑ **Corporate Loans Tax**

☐ **Other**

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability.

Total secured claim: _____

Pursuant to Section 506(b) of the Bankruptcy Code, post petition interest may be payable.

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability.

Total administrative _____

UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority Liabilities existing before petition date.

See attached statement of account detailing the liability.

Total unsecured priority: **$2,485.00**

UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the petition filing date.

See attached statement of account detailing the liability.

Total unsecured non-priority claim: **$156.00**

Credits: The Commonwealth of Pennsylvania, Department of Revenue has not identified a right of setoff or counterclaim in preparing and filing this proof of claim. However, this determination is based on available information and the Commonwealth of Pennsylvania, Department of Revenue does not intend to waive any of its available rights to setoff against this claim debts owed to this debtor by this agency. All rights of setoff are preserved and reserved (including those arising as the result of audits, credits, refunds or payments) and will be asserted to the extent lawful.

_____
(Representative, Bureau of Compliance)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG PA 17128-0946

Ethel Powell

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date: 1/3/2012
Cause Number: 1210021 DE
Chapter: 11

AMERICA CHARTERS LTD
1251 W CRAIGHEAD RD
CHARLOTTE NC 28206

Primary Tax Numbers

Emp Identification Number:
Sales Tax License Number:
Social Security Number:
Corp Tax Number: 2025628
Other Number:

Additional Debtors and/or Names **SSN** **EIN**

Note:

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 2025628

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	✓	03/ 2008 (02)	$0.00	$0.00	$0.00	$25.00	$25.00
CT	✓	12/ 2008 (02)	$0.00	$0.00	$0.00	$25.00	$25.00
CT	✓	03/ 2008 (03)	$0.00	$0.00	$0.00	$4.00	$4.00
CT	✓	12/ 2008 (03)	$0.00	$0.00	$0.00	$4.00	$4.00
CT	✓	03/ 2008 (04)	$0.00	$0.00	$0.00	$10.00	$10.00
CT	✓	12/ 2008 (04)	$0.00	$0.00	$0.00	$10.00	$10.00
CT	✓	12/ 2009 (02)	$0.00	$0.00	$0.00	$25.00	$25.00
CT	✓	12/ 2009 (03)	$0.00	$0.00	$0.00	$4.00	$4.00
CT	✓	12/ 2009 (04)	$0.00	$0.00	$0.00	$10.00	$10.00
CT	✓	12/ 2010 (02)	$0.00	$0.00	$0.00	$25.00	$25.00
CT	✓	12/ 2010 (03)	$0.00	$0.00	$0.00	$4.00	$4.00
CT	✓	12/ 2010 (04)	$0.00	$0.00	$0.00	$10.00	$10.00

Lien Filing Date: County Lien Filed: Lien Docket Number:

TOTAL	$0.00	$0.00	$0.00	$156.00	$156.00

LEGEND:

ST = Sales, Use and Hotel Occupancy Tax
CT = Corporation Tax
EMP = Employer Withholding
AN = Individual Income Tax
MT = Mass Transit
MC = Motor Carrier
LF = Liquid Fuels
OF = Oil Franchise
PTA = Public Transportation Assistance Act

Personal Income Tax Estimates: Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040. Information can be mailed to debtor or debtor's counsel upon written request, without the need for filing a formal objection. An amended proof of claim may be filed upon the filing of a properly completed and signed PA-40 tax return.

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED.

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG PA 17128-0946
Ethel Powell

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date: 1/3/2012
Cause Number: 1210021 DE
Chapter: 11

AMERICA CHARTERS LTD
1251 W CRAIGHEAD RD
CHARLOTTE NC 28206

Primary Tax Numbers

Emp Identification Number:
Sales Tax License Number:
Social Security Number:
Corp Tax Number: 2025628
Other Number:

Additional Debtors and/or Names **SSN** **EIN**

Note:

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 2025628

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	✓	03/ 2008 (02)	$252.00	$39.00	$0.00	$0.00	$291.00
CT	✓	12/ 2008 (02)	$252.00	$27.00	$0.00	$0.00	$279.00
CT	✓	03/ 2008 (03)	$40.00	$6.00	$0.00	$0.00	$46.00
CT	✓	12/ 2008 (03)	$40.00	$4.00	$0.00	$0.00	$44.00
CT	✓	03/ 2008 (04)	$100.00	$15.00	$0.00	$0.00	$115.00
CT	✓	12/ 2008 (04)	$100.00	$11.00	$0.00	$0.00	$111.00
CT	✓	12/ 2009 (02)	$252.00	$15.00	$0.00	$0.00	$267.00
CT	✓	12/ 2009 (03)	$40.00	$2.00	$0.00	$0.00	$42.00
CT	✓	12/ 2009 (04)	$100.00	$6.00	$0.00	$0.00	$106.00
CT	✓	12/ 2010 (02)	$252.00	$5.00	$0.00	$0.00	$257.00
CT	✓	12/ 2010 (03)	$40.00	$1.00	$0.00	$0.00	$41.00
CT	✓	12/ 2010 (04)	$100.00	$2.00	$0.00	$0.00	$102.00
CT	✓	12/ 2011 (02)	$252.00	$0.00	$0.00	$0.00	$252.00
CT	✓	12/ 2011 (03)	$40.00	$0.00	$0.00	$0.00	$40.00
CT	✓	12/ 2011 (04)	$100.00	$0.00	$0.00	$0.00	$100.00
CT	✓	01/01/12 to 01/03/ 2012 (02)	$252.00	$0.00	$0.00	$0.00	$252.00
CT	✓	01/01/12 to 01/03/ 2012 (03)	$40.00	$0.00	$0.00	$0.00	$40.00
CT	✓	01/01/12 to 01/03/ 2012 (04)	$100.00	$0.00	$0.00	$0.00	$100.00
Lien Filing Date:		County Lien Filed:			Lien Docket Number:		
		TOTAL	$2,352.00	$133.00	$0.00	$0.00	$2,485.00

LEGEND:

ST = Sales, Use and Hotel Occupancy Tax
CT = Corporation Tax
EMP = Employer Withholding
AN = Individual Income Tax
MT = Mass Transit
MC = Motor Carrier
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