

Fill in this information to identify the case:

Debtor 1 CURAE HEALTH INC (LEAD CASE)
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: MIDDLE District of TN (NASHVILLE)
(State)
Case number 3:18-BK-05665

Official Form 410
Proof of Claim

04/16

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>Department of the Treasury - Internal Revenue Service</u> Name of the current 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Internal Revenue Service</u> Name <u>P.O. Box 7346</u> Number Street <u>Philadelphia PA 19101-7346</u> City State ZIP Code Contact phone <u>1-800-973-0424</u> Contact email _____ Creditor Number: <u>6718252</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____	<u>Internal Revenue Service</u> Name <u>801 BROADWAY M/S MDP 146</u> Number Street <u>NASHVILLE TN 37203</u> City State ZIP Code Contact phone <u>(615) 250-5642</u> Contact email _____
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>41</u> Filed on: <u>09/19/2018</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

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: See Attachment

7. How much is the claim? \$ 776,545.88 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Taxes

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real Estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
 Motor Vehicle
 Other. Describe: _____

Basis for perfection: _____
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.)

Value of Property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property See Attachment

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

In the Matter of: CURAE HEALTH INC (LEAD CASE)
1721 MIDPARK RD STE #B-200
KNOXVILLE, TN 37921

Case Number 3:18-BK-05665
Type of Bankruptcy Case CHAPTER 11
Date of Petition 08/24/2018

Amendment No. 1 to Proof of Claim dated 09/18/2018.

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

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX5638	EXCISE	03/30/2016	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	EXCISE	06/30/2016	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	EXCISE	09/30/2016	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	EXCISE	12/31/2016	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	FUTA	12/31/2016	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	EXCISE	03/30/2017	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	EXCISE	06/30/2017	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	EXCISE	09/30/2017	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	EXCISE	12/31/2017	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	FUTA	12/31/2017	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	EXCISE	03/30/2018	1 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	WT-FICA	06/30/2018	10/01/2018	\$0.00	\$0.00
XX-XXX5638	EXCISE	06/30/2018	ESTIMATED LIABILITY *	\$100.00	\$0.00
XX-XXX5638	WT-FICA	09/30/2018	3 Estimated- SEE NOTE	\$775,045.88	\$0.00
XX-XXX5638	EXCISE	09/30/2018	ESTIMATED LIABILITY *	\$100.00	\$0.00
				\$776,345.88	\$0.00

Total Amount of Unsecured Priority Claims: \$776,345.88

Unsecured General Claims

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX5638	WT-FICA	12/31/2014	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX5638	WT-FICA	03/31/2015	2 Estimated- SEE NOTE	\$100.00	\$0.00
				\$200.00	\$0.00

Total Amount of Unsecured General Claims: \$200.00

1 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

2 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

3 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05665 Curae Health Inc.](#)

Judge: Charles M Walker **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<p><i>Creditor:</i> (6718252) INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101- 7346</p>	<p>Claim No: 41 <i>Original Filed</i> Date: 09/19/2018 <i>Original Entered</i> Date: 09/19/2018 <i>Last Amendment</i> Filed: 10/19/2018 <i>Last Amendment</i> Entered: 10/19/2018</p>	<p><i>Status:</i> Filed by: CR Entered by: JOHN R HALLMAN Modified:</p>
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Amount claimed: \$776545.88
Secured claimed: \$0.00
Priority claimed: \$776345.88

History:

- [Details](#) [41-1](#) 09/19/2018 Claim #41 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$1837264.32 (HALLMAN, JOHN)
- [Details](#) [41-2](#) 10/19/2018 Amended Claim #41 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$776545.88 (HALLMAN, JOHN)

Description:
Remarks:

Claims Register Summary

Case Name: Curae Health Inc.
Case Number: 3:18-bk-05665
Chapter: 11
Date Filed: 08/24/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$776545.88
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	\$776345.88	
Administrative		