

**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**

|   |   |   |
|---|---|---|
| <b>1. Who is the current creditor?</b>  | <u>Department of the Treasury - Internal Revenue Service</u><br>Name of the current creditor (the person or entity to be paid for this claim)<br><br>Other names the creditor used with the debtor _____  |   |
| <b>2. Has this claim been acquired from someone else?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____  |   |
| <b>3. Where should notices and payments to the creditor be sent?</b><br><br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | <b>Where should notices to the creditor be sent?</b>  | <b>Where should payments to the creditor be sent? (if different)</b>  |
|   | <u>Internal Revenue Service</u><br>Name<br><br><u>P.O. Box 7346</u><br>Number Street<br><br><u>Philadelphia PA 19101-7346</u><br>City State ZIP Code<br><br>Contact phone <u>1-800-973-0424</u><br><br>Contact email _____<br><br>Creditor Number: <u>6718252</u><br><br>Uniform claim identifier for electronic payments in chapter 13 (if you use one)<br>_____ | <u>Internal Revenue Service</u><br>Name<br><br><u>801 BROADWAY M/S MDP 146</u><br>Number Street<br><br><u>NASHVILLE TN 37203</u><br>City State ZIP Code<br><br>Contact phone <u>(615) 250-5642</u><br><br>Contact email _____ |
| <b>4. Does this claim amend one already filed?</b>  | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>41</u> Filed on: <u>09/19/2018</u><br>MM / DD / YYYY  |   |
| <b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>   | <input checked="" type="checkbox"/> No<br><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<br>3:18-BK-05665          |
| Type of Bankruptcy Case<br>CHAPTER 11 |
| Date of Petition<br>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):**

|   |   |   |
|---|---|---|
| <i>Creditor:</i> (6718252)<br>INTERNAL REVENUE<br>SERVICE<br>PO BOX 7346<br>PHILADELPHIA, PA 19101-<br>7346 | <b>Claim No: 41</b><br><i>Original Filed</i><br><i>Date:</i> 09/19/2018<br><i>Original Entered</i><br><i>Date:</i> 09/19/2018<br><i>Last Amendment</i><br><i>Filed:</i> 10/19/2018<br><i>Last Amendment</i><br><i>Entered:</i> 10/19/2018 | <i>Status:</i><br><i>Filed by:</i> CR<br><i>Entered by:</i> JOHN R<br>HALLMAN<br><i>Modified:</i> |
|---|---|---|

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

|                              |             |
|------------------------------|-------------|
| <b>Total Amount Claimed*</b> | \$776545.88 |
| <b>Total Amount Allowed*</b> |             |

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

|                       | <b>Claimed</b> | <b>Allowed</b> |
|-----------------------|----------------|----------------|
| <b>Secured</b>        | \$0.00         |                |
| <b>Priority</b>       | \$776345.88    |                |
| <b>Administrative</b> |                |                |

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

Debtor 1 CURAE HEALTH INC  
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**

|   |   |   |
|---|---|---|
| <b>1. Who is the current creditor?</b>  | <u>Department of the Treasury - Internal Revenue Service</u><br>Name of the current creditor (the person or entity to be paid for this claim)<br><br>Other names the creditor used with the debtor _____  |   |
| <b>2. Has this claim been acquired from someone else?</b>   | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. From whom? _____  |   |
| <b>3. Where should notices and payments to the creditor be sent?</b><br><br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | <b>Where should notices to the creditor be sent?</b>  | <b>Where should payments to the creditor be sent? (if different)</b>  |
|   | <u>Internal Revenue Service</u><br>Name<br><br><u>P.O. Box 7346</u><br>Number Street<br><br><u>Philadelphia PA 19101-7346</u><br>City State ZIP Code<br><br>Contact phone <u>1-800-973-0424</u><br>Contact email _____<br><br>Creditor Number: <u>6718252</u><br><br>Uniform claim identifier for electronic payments in chapter 13 (if you use one)<br>_____ | <u>Internal Revenue Service</u><br>Name<br><br><u>801 BROADWAY, ROOM 285 M/S 146</u><br>Number Street<br><br><u>NASHVILLE TN 37203</u><br>City State ZIP Code<br><br>Contact phone <u>(615) 250-5020</u><br>Contact email _____ |
| <b>4. Does this claim amend one already filed?</b>  | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on: _____<br>MM / DD / YYYY  |   |
| <b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>   | <input checked="" type="checkbox"/> No<br><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? \$ 1,837,264.32 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



**12. Is all or part of the claim entitled to priority under 11 U.S.C. §507(a)?**

- No  
 Yes. Check all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).
- Wages, salaries, or commissions (up to \$12,850\*) 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).
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
- Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

| Amount entitled to priority |              |
|-----------------------------|--------------|
| \$                          | _____        |
| \$                          | _____        |
| \$                          | _____        |
| \$                          | 1,836,664.32 |
| \$                          | _____        |
| \$                          | _____        |

\*Amounts are subject to adjustment on 4/01/19 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).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**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.**

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.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment 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.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/18/2018  
MM / DD / YYYY

/s/ MELVENIA COBB  
(Signature)

**Print the name of the person who is completing and signing this claim:**

Name MELVENIA COBB  
First name Middle name Last name

Title Bankruptcy Specialist

Company Internal Revenue Service  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 801 BROADWAY, ROOM 285 M/S 146  
Number Street

NASHVILLE TN 37203  
City State ZIP Code

Contact Phone (615) 250-5020 Email: \_\_\_\_\_

# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410  
Attachment

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

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

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      | 09/30/2015 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | EXCISE      | 12/31/2015 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | EXCISE      | 03/31/2016 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | EXCISE      | 06/30/2016 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | EXCISE      | 09/30/2016 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | EXCISE      | 12/31/2016 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | FUTA        | 12/31/2016 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | EXCISE      | 03/31/2017 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | EXCISE      | 09/30/2017 | 2 Unassessed-No Return | \$859.32       | \$31.98                   |
| XX-XXX5638         | EXCISE      | 12/31/2017 | 2 Unassessed-No Return | \$859.32       | \$23.04                   |
| XX-XXX5638         | FUTA        | 12/31/2017 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | EXCISE      | 03/31/2018 | 2 Unassessed-No Return | \$859.32       | \$13.76                   |
| XX-XXX5638         | WT-FICA     | 06/30/2018 | 2 Unassessed-No Return | \$1,053,991.13 | \$3,470.64                |
| XX-XXX5638         | EXCISE      | 06/30/2018 | 1 NOT FILED            | \$100.00       | \$0.00                    |
| XX-XXX5638         | WT-FICA     | 09/30/2018 | 3 Unassessed Liability | \$775,045.88   | \$0.00                    |
| XX-XXX5638         | EXCISE      | 09/30/2018 | 3 Unassessed Liability | \$509.93       | \$0.00                    |
|                    |             |            |                        | \$1,833,124.90 | \$3,539.42                |

**Total Amount of Unsecured Priority Claims: \$1,836,664.32**

## 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 | 1 NOT FILED       | \$100.00 | \$0.00                    |
| XX-XXX5638         | EXCISE      | 12/31/2014 | 1 NOT FILED       | \$100.00 | \$0.00                    |
| XX-XXX5638         | FUTA        | 12/31/2014 | 1 NOT FILED       | \$100.00 | \$0.00                    |
| XX-XXX5638         | WT-FICA     | 03/31/2015 | 1 NOT FILED       | \$100.00 | \$0.00                    |
| XX-XXX5638         | EXCISE      | 03/31/2015 | 1 NOT FILED       | \$100.00 | \$0.00                    |

<sup>1</sup> 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.

<sup>2</sup> UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED. WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION AS REQUIRED BY LAW THE CLAIM WILL BE AMENDED

<sup>3</sup> 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.

# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410  
Attachment

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

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

## Unsecured General Claims (Continued from Page 1)

| <i>Taxpayer<br/>ID Number</i> | <i>Kind of Tax</i> | <i>Tax Period</i> | <i>Date Tax Assessed</i> | <i>Tax Due</i> | <i>Interest to<br/>Petition Date</i> |
|-------------------------------|--------------------|-------------------|--------------------------|----------------|--------------------------------------|
| XX-XXX5638                    | EXCISE             | 06/30/2015        | 1 NOT FILED              | \$100.00       | \$0.00                               |
|                               |                    |                   |                          | \$600.00       | \$0.00                               |

**Total Amount of Unsecured General Claims:**

**\$600.00**

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.

# 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)<br/> INTERNAL REVENUE<br/> SERVICE<br/> PO BOX 7346<br/> PHILADELPHIA, PA 19101-<br/> 7346</p> | <p><b>Claim No: 41</b><br/> <i>Original Filed</i><br/> Date: 09/19/2018<br/> <i>Original Entered</i><br/> Date: 09/19/2018</p> | <p><i>Status:</i><br/> <i>Filed by:</i> CR<br/> <i>Entered by:</i> JOHN R<br/> HALLMAN<br/> <i>Modified:</i></p> |
|--|--|--|

Amount claimed: \$1837264.32  
Secured claimed: \$0.00  
Priority claimed: \$1836664.32

*History:*

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

|                              |              |
|------------------------------|--------------|
| <b>Total Amount Claimed*</b> | \$1837264.32 |
| <b>Total Amount Allowed*</b> |              |

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

|                       | Claimed      | Allowed |
|-----------------------|--------------|---------|
| <b>Secured</b>        | \$0.00       |         |
| <b>Priority</b>       | \$1836664.32 |         |
| <b>Administrative</b> |              |         |