United States Bankruptcy Court District of DE (WILMINGTON)	**PROOF OF CLAIM**
In re (Name of Debtor) EXIDE INVESTMENTS INCORPORATED	Case Number 02-11128-JCA

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)
INDIANA DEPARTMENT OF REVENUE

Name and Address Where Notices Should be Sent
INDIANA DEPARTMENT OF REVENUE
BANKRUPTCY SECTION, ROOM N-203
100 NORTH SENATE AVENUE
INDIANAPOLIS, IN 46204

Telephone No (317) 232-2293

- ☐ Check 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 box if you have never received any notices from the bankruptcy court in this case
- ☐ Check box if the address differs from the address on the envelope sent to you by the court

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Account Or Other Number By Which Creditor Identifies Debtor
23-2745118

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated

1 BASIS FOR CLAIM
- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury / wrongful death
- ☒ Taxes
- ☐ Other (Describe briefly)

- ☐ Retiree benefits as defined by U S C 1114(a)
- ☐ Wages salaries and compensation (Fill out below)
  Your social security number _____
  Unpaid compensation for services performed
  From _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED
SEE ATTACHMENT

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured Nonpriority, (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED

☐ SECURED CLAIM $0 00
Attach evidence of perfection of security interest
Brief description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $

☒ UNSECURED NONPRIORITY CLAIM $2,750 00
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

☒ UNSECURED PRIORITY CLAIM $18 098 36
Specify the priority of the claim

- ☐ Wages, salaries, or commissions (up to $4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier – 11 U S C 507(a)(3)
- ☐ Contributions to an employee benefit plan – 11 U S C 507(a)(4
- ☐ Up to $1950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U S C 507(a)(6)
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U S C 507(a)(7)
- ☒ Taxes or other penalities of governmental units – 11 U S C 507(a)(8)
- ☐ Other – Specify applicable paragraph of 11 U S C 507(a)_____

Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced after the date of adjustment

5 TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED	$2,750 00	$0 00	$18 098 36	$20 848 36
	(Unsecured)	(Secured)	(Priority)	(TOTAL)

☐ Check this box if claim includes charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFF The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim In filing this claim, claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes, purchase orders invoices, itemized statements of running accounts, contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous, attach a summary

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

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FILED
OCT 22 2002
BMC

Date	Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
10/07/2002	Tammy D Jones Supervisor Tammy D. Jones

Penalty for presenting fraudulent claim Fine of up to $500 00 or imprisonment for up to 5 years or both 18 U S C 152 and 371

Exide Technologies
01004

WORKING PAPERS

NAME(S) EXIDE INVESTMENTS INCORPORATED

FID 23-2745118

SSN

SSN

CASE NUMBER 02-11128-JCA

DATE FILED 04/15/2002

CONFIRM DATE

CHAPTER FILED 11

☒ PRE-PETITION ☐ SECURED

☐ POST-PETITION ☒ UNSECURED

☒ PRIORITY

TID#	TAX TYPE	LIAB NBR	LIAB TYPE	PERIOD ENDING	DUE DATE	PENALTY RATE	BASE TAX	INTEREST	PENALTY	CLERK COST	TOTAL CLAIM
0108936805	COR	200102135785	BIA	03/31/2001	07/16/2001	20 00%	$10 000 00	$598 36	$2,000 00	$0 00	$12 598 36
		200202135789	BIA	03/31/2002	07/15/2002	10 00%	$7,500 00	$0 00	$750 00	$0 00	$8,250 00
TOTALS							$17,500 00	$598 36	$2 750 00	$0 00	$20 848 36

Secured Amount	$0 00
General Unsecured Amount	$2 750 00
Priority Amount	$18 098 36