

**United States Bankruptcy Court
District of DE (WILMINGTON)**

PROOF OF CLAIM

In re (Name of Debtor)
EXIDE CORPORATION

Case Number
02-11125-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

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.

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

Check box if you have never received any notices from the bankruptcy court in this case.

Telephone No (317) 232-2293

Check box if the address differs from the address on the envelope sent to you by the court.

**THIS SPACE IS FOR
COURT USE ONLY**

Account Or Other Number By Which Creditor Identifies Debtor
23-0552730

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 _____ to _____
(date) (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 \$47,371.07**
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 \$294,068.93**
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 penalties 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	\$47,371.07 (Unsecured)	\$0.00 (Secured)	\$294,068.93 (Priority)	\$341,440.00 (TOTAL)
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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.

**THIS SPACE IS FOR
COURT USE ONLY**
FILED
OCT 22 2002
BMC

Date: **10/07/2002**

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):
Tammy D Jones Supervisor

Tammy D Jones



WORKING PAPERS

NAME(S) EXIDE CORPORATION

FID 23-0552730

PRE-PETITION

SECURED

CASE NUMBER 02-11125-JCA

SSN

POST-PETITION

UNSECURED

DATE FILED 04/15/2002

SSN

CONFIRM DATE

PRIORITY

CHAPTER FILED 11

TID#	TAX TYPE	LIAB NBR	LIAB TYPE	PERIOD ENDING	DUE DATE	PENALTY RATE	BASE TAX	INTEREST	PENALTY	CLERK COST	TOTAL CLAIM
0001075969	RST	200101625456	BIA	09/30/2001	10/30/2001	20 00%	\$3,763 65	\$137 76	\$752 73	\$0 00	\$4,654 14
	WTH	200102135786	BIA	12/31/2001	01/22/2002	20 00%	\$93,612 92	\$1,702 99	\$18,722 58	\$0 00	\$114,038 49
		200202135787	BIA	01/31/2002	02/20/2002	10 00%	\$104 536 79	\$1,237 26	\$10,453 68	\$0 00	\$116,227 73
		200201551936	LAT	02/28/2002	03/20/2002	10 00%	\$1,856 57	\$10 58	\$0 00	\$0 00	\$1 867 15
		200202135788	BIA	03/31/2002	04/22/2002	20 00%	\$87,210 41	\$0 00	\$17,442 08	\$0 00	\$104,652 49

TOTALS \$290,980 34 \$3,088 59 \$47,371 07 \$0 00 \$341,440 00

Secured Amount \$0 00
 General Unsecured Amount \$47 371 07
 Priority Amount \$294 068 93