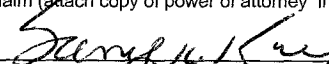


UNITED STATES BANKRUPTCY COURT DISTRICT OF DE

03-10945

PROOF OF CLAIM

Name of Debtor <b>RFS MARKETING SERVICES INC</b>		Case Number <b>03-10971 DE</b>	
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 and address of Creditor (This person or other entity to whom the debtor owes money or property) <b>PENNSYLVANIA DEPARTMENT OF REVENUE</b>		<input type="checkbox"/> 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.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent  Pennsylvania Department of Revenue Commonwealth of Pennsylvania Bankruptcy Division Department 280946 Harrisburg PA 17128 0496		REC'D MAY 23 2003  THIS SPACE FOR COURT USE ONLY	
Telephone number (717) 783 8989			
Account or other number by which identifies debtor  EIN 731489627  SSN		Check here if this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends a previously filed claim dated	
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other			
		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Your SS# _____ Unpaid compensation for services performed From _____ to _____ (date) (date)	
<b>2 Date debt was incurred</b> "See Attached"		<b>3 If court judgement, date obtained</b> "See Attached"	
<b>4 Total Amount of Claim at Time Case Filed \$1,917 00</b> If all or part of your claim is secured or entitled to priority also complete item 5 or 6 below <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral  <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other _____  Value of Collateral \$ Unknown  Amount of arrearage and other charges at time case filed included in secured claim if any \$0.00		<b>6 Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim  Amount entitled to priority \$1,917.00  <input type="checkbox"/> Wages, salaries or commissions (up to \$4000) * earned within 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) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse or child 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)( )  *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after date of adjustment	
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this claim			
<b>8 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary.			
<b>9 Date Stamped Copy</b> To receive an acknowledgement of the filing of your claim, enclose a stamped self-addressed envelope and a copy of this proof of claim.			
Date 4/13/03		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)   <b>Sandra K Kirk, Chief</b>	

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both.





Patncia Little

**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

RFS MARKETING SERVICES INC  
RFS MARKETING SERVICES INC

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

Petition Filing Date 04/01/2003  
Case Number 0310971 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 \$1,917 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 Franchise

**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)(3) of the Bankruptcy code for unliened priority  
Liabilities existing before petition date.**

See attached statement of account detailing the liability

Total unsecured priority

\$1,917 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

All payments of this claim have been credited and deducted for the purpose of making this proof of claim

(Representative Bureau of Compliance)



**BANKRUPTCY  
 STATEMENT OF ACCOUNT**

Pet Date 4/1/2003

Cause Number 0310971 DE

Chapter 11

Patricia Little

RFS MARKETING SERVICES INC

**Primary Tax Numbers**

Emp Identification Number 731489627

Sales Tax License Number

Social Security Number

Corp Tax Number 6823212

Other Number

Additional Debtors and/or Names SSN EIN

**Note**

TYPE OF CLAIM		UNSECURED PRIORITY		Tax Number: 6294-448			
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	12/31/ 2001(02)	\$200 00	\$11 00	\$0 00	\$0 00	\$211 00
CT	<input checked="" type="checkbox"/>	12/31/ 2001(04)	\$50 00	\$3 00	\$0 00	\$0 00	\$53 00
CT	<input checked="" type="checkbox"/>	12/31/ 2002(02)	\$200 00	\$0 00	\$0 00	\$0 00	\$200 00
CT	<input checked="" type="checkbox"/>	12/31/ 2002(04)	\$50 00	\$0 00	\$0 00	\$0 00	\$50 00
CT	<input checked="" type="checkbox"/>	1/1-4/1/ 2003(02)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
CT	<input checked="" type="checkbox"/>	1/1-4/1/ 2003(04)	\$25 00	\$0 00	\$0 00	\$0 00	\$25 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
<b>TOTAL</b>			\$625 00	\$14 00	\$0 00	\$0 00	\$639 00

TYPE OF CLAIM		UNSECURED PRIORITY		Tax Number: 6429-601			
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	12/31/ 2001(02)	\$200 00	\$11 00	\$0 00	\$0 00	\$211 00
CT	<input checked="" type="checkbox"/>	12/31/ 2001(04)	\$50 00	\$3 00	\$0 00	\$0 00	\$53 00
CT	<input checked="" type="checkbox"/>	12/31/ 2002(02)	\$200 00	\$0 00	\$0 00	\$0 00	\$200 00
CT	<input checked="" type="checkbox"/>	12/31/ 2002(04)	\$50 00	\$0 00	\$0 00	\$0 00	\$50 00
CT	<input checked="" type="checkbox"/>	1/1-4/1/ 2003(02)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
CT	<input checked="" type="checkbox"/>	1/1-4/1/ 2003(04)	\$25 00	\$0 00	\$0 00	\$0 00	\$25 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
<b>TOTAL</b>			\$625 00	\$14 00	\$0 00	\$0 00	\$639 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



Patricia Little

**BANKRUPTCY  
 STATEMENT OF ACCOUNT**

Pet Date 4/1/2003  
 Cause Number 0310971 DE  
 Chapter 11

RFS MARKETING SERVICES INC

**Primary Tax Numbers**

Emp Identification Number 731489627  
 Sales Tax License Number  
 Social Security Number  
 Corp Tax Number 6823212  
 Other Number

Additional Debtors and/or Names SSN EIN

**Note**

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number: 6823-212				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	12/31/ 2001(02)	\$200 00	\$11 00	\$0 00	\$0 00	\$211 00
CT	<input checked="" type="checkbox"/>	12/31/ 2001(04)	\$50 00	\$3 00	\$0 00	\$0 00	\$53 00
CT	<input checked="" type="checkbox"/>	12/31/ 2002(02)	\$200 00	\$0 00	\$0 00	\$0 00	\$200 00
CT	<input checked="" type="checkbox"/>	12/31/ 2002(04)	\$50 00	\$0 00	\$0 00	\$0 00	\$50 00
CT	<input checked="" type="checkbox"/>	1/1-4/1/ 2003(02)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
CT	<input checked="" type="checkbox"/>	1/1-4/1/ 2003(04)	\$25 00	\$0 00	\$0 00	\$0 00	\$25 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
<b>TOTAL</b>			\$625 00	\$14 00	\$0 00	\$0 00	\$639 00

**LEGEND**

ST = Sales Use and Hotel Occupancy Tax  
 CT = Corporation Tax  
 EMP = Employer Withholding  
 AN = Individual Income Tax  
 MT = Mass Transp  
 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



April 29 2003

Office of the U S Trustee  
J Caleb Boggs Federal Courthouse  
844 King Street, Room 2112  
Wilmington, De 19801

03-10945  
Case No 03-10971

RFS MARKETING SERVICES INC

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

**\$ 1,917 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) 783-2318  
TDD# (717) 772-2252 (Hearing Impaired Only)  
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE



April 29 2003

Office of the U S Trustee  
J Caleb Boggs Federal Courthouse  
844 King Street, Room 2112  
Wilmington, De 19801

Case No 03-10971  
RFS MARKETING SERVICES INC

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

**\$ 1,917 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) 783-2318  
TDD# (717) 772-2252 (Hearing Impaired Only)  
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER