

B10 (Official Form 10)
(Rev 6/91)

Claim Comment Text

United States Bankruptcy Court	PROOF OF CLAIM
/WILMINGTON District of DELAWARE	
In re (Name of Debtor) FLEMING COMPANIES INC	Case Number 03-10945 MFW

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor
(The person or entity to whom the debtor owes money or property)
State of Florida - Department of Revenue

Name and Addresses Where Notices Should be Sent
**Bankruptcy Section
Post Office Box 6668
Tallahassee, Florida
32314-6668
Telephone No (850) 921 2151**

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

REC'D JUN 26 2003

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
78-01-072972-80/4

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

1 BASIS FOR CLAIM

Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes **SALES AND USE TAX**
 Other (Describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages salaries and compensations (Fill out below)

Your social security number _____
Unpaid compensations for services performed _____
from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

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

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 included in secured claim above if any \$ _____

UNSECURED NONPRIORITY CLAIM \$ 0 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 \$ 684 21
Specify the priority of the claim
 Wages salaries or commissions (up to \$2000) 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 - U.S.C. § 507(a)(4)
 Up to \$900 of deposits toward purchase lease or rental of property or services for personal Family household use - 11 U.S.C. § 507(a)(6)
 Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8)
 Other - 11 U.S.C. § 507(a)(2) (a)(5) - (Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ <u>0.00</u> (Unsecured)	\$ <u>0.00</u> (Secured)	\$ <u>684.21</u> (Priority)
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\$ 684.21 (Total)

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

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose 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 document such as promissory notes, purchase orders, invoices, itemized statements, 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 a copy of this proof of claim.

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U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Date
6/12/03

Sign and print the name and title if any of the the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

CLEO D PONDER
TAX SPECIALIST I

Cleo D Ponder
(850) 921-2151

Fleming Companies Claim
01266

