Fill in this information to identify the case:

Debtor 1 FOX ORTEGA ENTERPRISES

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN District of CALIFORNIA

Case number 16-40050

Official Form 410

Proof of Claim

12/15

Read the instructions before filing 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

1. Who is the current creditor?

EMPLOYMENT DEVELOPMENT DEPARTMENT
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No
☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
EMPLOYMENT DEVELOPMENT DEPARTMENT	
Bankruptcy Group MIC 92E	
PO Box 826880	
Sacramento, CA 94280-0001	
Contact phone (916) 464-2888	Contact phone
Contact email CDBankruptcyGroup.Tax@edd.ca.gov	Contact email

Uniform claim identified for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☐ No
☒ Yes. Claim number on court claims registry (if known) 2326 Filed on: December 1, 2016
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No
☐ Yes. Who made the earlier filing? _____

Case 16-40050 Claim 2326-2 Filed 06/05/17 Desc Copy of the amended document
Page 1 of 4

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: XXXX-XXX0416

7. How much is the claim? $1,316.40 **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.

Fail to file required 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: $0.00

Amount of the claim that is secured: $0.00

Amount of the claim that is unsecured: $0.00 (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: $0.00

Annual Interest Rate (when case was filed) 0.00%

☐ 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:

Case 16-40050 Claim 2326-2 Filed 06/05/17 Desc Copy of the amended document Page 2 of 4

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

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

☐ No

☒ Yes. *Check all that apply:*

	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).	$ 0.00
☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$ 0.00
☐ Wages, salaries, or commissions (up to $12,475*) 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).	$ 0.00
☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$ 1,316.40
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$ 0.00
☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	$ 0.00

* Amounts are subject to adjustment on 4/01/16 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 May 30, 2017
MM / DD / YYYY

/s/ JENNIFER TORRES
Signature

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

Name: JENNIFER TORRES
First name Middle name Last name

Title: Tax Administrator

Company: EMPLOYMENT DEVELOPMENT DEPARTMENT
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: Bankruptcy Group MIC 92E
PO Box 826880
Sacramento, CA 94280-0001

Contact phone (916) 464-2888 Email CDBankruptcyGroup.Tax@edd.ca.gov

Case 16-40050 Claim 2326-2 Filed 06/05/17 Desc Copy of the amended document
Page 3 of 4

Attachment

State of California

Case Number: 16-40050

Employment Development Department (EDD)

Summary Itemization of Proof of Claim

Petition Date: 01/08/16

In the Matter of: FOX ORTEGA ENTERPRISES

EDD Identification Number(s): XXXX-XXX0416

This claim is based on unpaid California payroll taxes under Section 507(a)(8) (C) of the United States Bankruptcy Code (USBC) for State Disability Insurance (SDI) and State Personal Income Tax (PIT) withholdings (trust funds) and Section 507(a)(8) (E) for Unemployment Insurance (UI) and Employment Training Tax (ETT) (non-trust-funds).

Priority Claims under Section 507(a)(8) of the Bankruptcy Code

EDD Account No.	Tax Period	507(a)(8)(C) Taxes	507(a)(8)(E) Taxes	Interest Date To 01/08/16	Account Total
XXX-3694-X	1/1/2016 To 1/08/2016	$0.00	$1,316.40	$0.00	$1,316.40
			Total Amount of Priority Claims		$1,316.40

Unsecured Claims

1) Penalty to 01/08/16.	$0.00
2) Interest not included in the priority claim.	$0.00
3) Non-Priority USBC Section 507(a)(8)(E) Unemployment Insurance and/or Employment Training Tax (ETT).	$0.00
4) Overpayment of Unemployment Insurance and/or Disability Insurance Benefits for which this Debtor is liable under Section(s) 1375/2735 of the California Unemployment Insurance Code.	$0.00
Total Amount of Unsecured Claims	$0.00

Note: Interest continues to accrue on all amounts included in this claim until paid or discharged. **Claim Total** $1,316.40

All or part of this amount is estimated. When the debtor files proper return(s) with EDD, as required by law, this claim may be adjusted as necessary.

Case 16-40050 Claim 2326-2 Filed 06/05/17 Desc Copy of the amended document
Page 4 of 4

Northern District of California
Claims Register

16-40050 Fox Ortega Enterprises, Inc.

Judge: William J. Lafferty **Chapter:** 7

Office: Oakland **Last Date to file claims:** 05/24/2016

Trustee: Michael G. Kasolas **Last Date to file (Govt):**

Creditor: (14460126) History
Employment Development Department
Bankruptcy Group MIC 92E, PO BOX 826880
Sacramento, CA 94280

Claim No: 2326
Original Filed Date: 12/01/2016
Original Entered Date: 12/01/2016
Last Amendment Filed: 06/05/2017
Last Amendment Entered: 06/05/2017

Status:
Filed by: CR
Entered by: Erik Muehlheuser
Modified: 12/01/2016

Amount claimed: $1316.40
Secured claimed: $0.00
Priority claimed: $1316.40

History:

Details	2326-1	12/01/2016	Claim #2326 filed by Employment Development Department, Amount claimed: $2854.31 (Muehlheuser, Erik)
Details	2326-2	06/05/2017	Amended Claim #2326 filed by Employment Development Department, Amount claimed: $1316.40 (Muehlheuser, Erik)

Description: (2326-1) Claim Filed
(2326-2) Amend Claim

Remarks: (2326-1) Page 2 of PDF is blank
(2326-2) Remarks Added

Claims Register Summary

Case Name: Fox Ortega Enterprises, Inc.
Case Number: 16-40050
Chapter: 7
Date Filed: 01/08/2016
Total Number Of Claims: 1

Total Amount Claimed*	$1316.40
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured	$0.00	
Priority	$1316.40	
Administrative		

Fill in this information to identify the case:

Debtor 1 FOX ORTEGA ENTERPRISES

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN District of CALIFORNIA

Case number 16-40050

Official Form 410

Proof of Claim

12/15

Read the instructions before filing 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

1. Who is the current creditor?

EMPLOYMENT DEVELOPMENT DEPARTMENT
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No
☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

EMPLOYMENT DEVELOPMENT DEPARTMENT
Bankruptcy Group MIC 92E
PO Box 826880
Sacramento, CA 94280-0001

Contact phone (916) 464-2888

Contact email CDBankruptcyGroup.Tax@edd.ca.gov

Where should payments to the creditor be sent? (if different)

Contact phone _____

Contact email _____

Uniform claim identified for electronic payments in chapter 13 (if you use one):

_____

4. Does this claim amend one already filed?

☐ No
☒ Yes. Claim number on court claims registry (if known) 2326 Filed on: December 1, 2016
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No
☐ Yes. Who made the earlier filing? _____

Case 16-40050 Claim 2326 Filed 06/05/17 Desc Copy of the amended document
Page 1 of 4

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: XXXX-XXX0416

7. How much is the claim? $1,316.40 **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.

Fail to file required 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: $0.00

Amount of the claim that is secured: $0.00

Amount of the claim that is unsecured: $0.00 (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: $0.00

Annual Interest Rate (when case was filed) 0.00%

☐ 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:

Case 16-40050 Claim 2326 Filed 06/05/17 Desc Copy of the amended document Page 2 of 4

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

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

☐ No

☒ Yes. *Check all that apply:*

	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).	$ 0.00
☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$ 0.00
☐ Wages, salaries, or commissions (up to $12,475*) 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).	$ 0.00
☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$ 1,316.40
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$ 0.00
☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	$ 0.00

* Amounts are subject to adjustment on 4/01/16 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 May 30, 2017
MM / DD / YYYY

/s/ JENNIFER TORRES
Signature

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

Name JENNIFER TORRES
First name Middle name Last name

Title Tax Administrator

Company EMPLOYMENT DEVELOPMENT DEPARTMENT
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address Bankruptcy Group MIC 92E
PO Box 826880
Sacramento, CA 94280-0001

Contact phone (916) 464-2888 Email CDBankruptcyGroup.Tax@edd.ca.gov

Case 16-40050 Claim 2326 Filed 06/05/17 Desc Copy of the amended document
Page 3 of 4

Employment Development Department (EDD)

Summary Itemization of Proof of Claim

Petition Date: 01/08/16

In the Matter of: FOX ORTEGA ENTERPRISES

EDD Identification Number(s): XXXX-XXX0416

This claim is based on unpaid California payroll taxes under Section 507(a)(8) (C) of the United States Bankruptcy Code (USBC) for State Disability Insurance (SDI) and State Personal Income Tax (PIT) withholdings (trust funds) and Section 507(a)(8) (E) for Unemployment Insurance (UI) and Employment Training Tax (ETT) (non-trust-funds).

Priority Claims under Section 507(a)(8) of the Bankruptcy Code

EDD Account No.	Tax Period	507(a)(8)(C) Taxes	507(a)(8)(E) Taxes	Interest Date To 01/08/16	Account Total
XXX-3694-X	1/1/2016 To 1/08/2016	$0.00	$1,316.40	$0.00	$1,316.40
			Total Amount of Priority Claims		$1,316.40

Unsecured Claims

1) Penalty to 01/08/16.	$0.00
2) Interest not included in the priority claim.	$0.00
3) Non-Priority USBC Section 507(a)(8)(E) Unemployment Insurance and/or Employment Training Tax (ETT).	$0.00
4) Overpayment of Unemployment Insurance and/or Disability Insurance Benefits for which this Debtor is liable under Section(s) 1375/2735 of the California Unemployment Insurance Code.	$0.00
Total Amount of Unsecured Claims	$0.00

Note: Interest continues to accrue on all amounts included in this claim until paid or discharged. **Claim Total** $1,316.40

All or part of this amount is estimated. When the debtor files proper return(s) with EDD, as required by law, this claim may be adjusted as necessary.

Fill in this information to identify the case:

Debtor 1 FOX ORTEGA ENTERPRISES

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN District of CALIFORNIA

Case number 16-40050

Official Form 410

Proof of Claim

12/15

Read the instructions before filing 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

1. Who is the current creditor?

EMPLOYMENT DEVELOPMENT DEPARTMENT
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☒ No
☐ Yes, From whom? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
EMPLOYMENT DEVELOPMENT DEPARTMENT Bankruptcy Group MIC 92E PO Box 826880 Sacramento, CA 94280-0001	
Contact phone (916) 464-2888	Contact phone
Contact email CDBankruptcyGroup.Tax@edd.ca.gov	Contact email

Uniform claim identified for electronic payments in chapter 13 (if you use one):

---

4. Does this claim amend one already filed?

☒ No
☐ Yes. Claim number on court claims registry (if known) _____ Filed on:

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No
☐ 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: XXXX-XXX0416

7. How much is the claim? $2,854.31

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.

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 of recorded.)

Value of property: $0.00

Amount of the claim that is secured: $0.00

Amount of the claim that is unsecured: $0.00 (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: $0.00

Annual Interest Rate (when case was filed) $0.00%

☐ 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:

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

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

☐ No

☒ Yes. *Check all that apply:*

	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).	$ 0.00
☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$ 0.00
☐ Wages, salaries, or commissions (up to $12,475*) 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).	$ 0.00
☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$ 2,854.31
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$ 0.00
☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	$ 0.00

* Amounts are subject to adjustment on 4/01/16 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

☒ 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 November 23, 2016

/s/ JENNIFER TORRES
Signature

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

Name JENNIFER TORRES
First name Middle name Last name

Title Tax Administrator

Company EMPLOYMENT DEVELOPMENT DEPARTMENT
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address Bankruptcy Group MIC 92E
PO Box 826880
Sacramento, CA 94280-0001

Contact phone (916) 464-2888 Email CDBankruptcyGroup.Tax@edd.ca.gov

State of California

Case Number: 16-40050

Employment Development Department (EDD)

Summary Itemization of Proof of Claim

Petition Date: 01/08/16

In the Matter of: FOX ORTEGA ENTERPRISES

EDD Identification Number(s): XXXX-XXX0416

This claim is based on unpaid California payroll taxes under Section 507(a)(8) (C) of the United States Bankruptcy Code (USBC) for State Disability Insurance (SDI) and State Personal Income Tax (PIT) withholdings (trust funds) and Section 507(a)(8) (E) for Unemployment Insurance (UI) and Employment Training Tax (ETT) (non-trust-funds).

Priority Claims under Section 507(a)(8) of the Bankruptcy Code

EDD Account No.	Tax Period	507(a)(8)(C) Taxes	507(a)(8)(E) Taxes	Interest Date To 01/08/16	Account Total
XXX-3694-X	1/1/2016 To 1/08/2016	$1,652.92	$0.00	$0.00	$1,652.92
XXX-3694-X	1/1/2016 To 1/08/2016	$295.65	$905.74	$0.00	$1,201.39
			Total Amount of Priority Claims		$2,854.31

Unsecured Claims

1) Penalty to 01/08/16.	$0.00
2) Interest not included in the priority claim.	$0.00
3) Non-Priority USBC Section 507(a)(8)(E) Unemployment Insurance and/or Employment Training Tax (ETT).	$0.00
4) Overpayment of Unemployment Insurance and/or Disability Insurance Benefits for which this Debtor is liable under Section(s) 1375/2735 of the California Unemployment Insurance Code.	$0.00
Total Amount of Unsecured Claims	$0.00

Note: Interest continues to accrue on all amounts included in this claim until paid or discharged.

Claim Total $2,854.31

All or part of this amount is estimated. When the debtor files proper return(s) with EDD, as required by law, this claim may be adjusted as necessary.