

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
2. Has this claim been acquired from someone else? [X] No
3. Where should notices and payments to the creditor be sent? EMPLOYMENT DEVELOPMENT DEPARTMENT
4. Does this claim amend one already filed? [X] Yes. Claim number on court claims registry (if known) 2326
5. Do you know if anyone else has filed a proof of claim for this claim? [X] No

**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: \_\_\_\_\_

**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.

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. <i>Check all that apply:</i>		Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$	0.00
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$	1,316.40
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$	0.00
<input type="checkbox"/> 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

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
<b>Total Amount of Priority Claims</b>					<b>\$1,316.40</b>

**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
<b>Total Amount of Unsecured Claims</b>	<b>\$0.00</b>

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.

# 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):**

<p><i>Creditor:</i> (14460126) <a href="#">History</a>  Employment Development Department  Bankruptcy Group MIC 92E, PO BOX 826880  Sacramento, CA 94280</p>	<p><b>Claim No: 2326</b>  <i>Original Filed</i>  Date: 12/01/2016  <i>Original Entered</i>  Date: 12/01/2016  <i>Last Amendment</i>  Filed: 06/05/2017  <i>Last Amendment</i>  Entered: 06/05/2017</p>	<p><i>Status:</i>  Filed by: CR  Entered by: Erik Muehlheuser  Modified: 12/01/2016</p>
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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

<b>Total Amount Claimed*</b>	\$1316.40
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>	\$0.00	
<b>Priority</b>	\$1316.40	
<b>Administrative</b>		