

Fill in this information to identify the case:

Debtor 1 <u>OCB Restaurant Company, LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Texas</u>
Case number: <u>21-30726</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Texas
 12/3/2021
 Robert . Colwell, Clerk

**Official Form 410
 Proof of Claim**

04/19

Read the instructions before filling 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?	City of Philadelphia/School District of Philadelph	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	City of Philadelphia/School District of Philadelph	
	Name	Name
	City of Philadelphia Law-Tax & Revenue Unit 1401 JFK Blvd, 5th Floor Philadelphia, PA 19102	
	Contact phone <u>215-686-0503</u>	Contact phone
	Contact email <u>megan.harper@phila.gov</u>	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>6</u> Filed on <u>08/04/2021</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 7607

7. How much is the claim? \$ 58706.42 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 healthcare information.
Municipal Claim

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: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (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: \$ _____
Annual Interest Rate (when case was filed) _____ %
 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)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
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"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) 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).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 26455.74
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/22 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 12/3/2021
MM / DD / YYYY

/s/ Megan N. Harper

Signature

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

Name Megan N. Harper

First name Middle name Last name

Title Senior Attorney

Company City of Philadelphia Law–Tax & Revenue Unit

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 1401 JFK Blvd, 5th Floor

Number Street

Philadelphia, PA 19102–1595

City State ZIP Code

Contact phone 215–686–0503 Email megan.harper@phila.gov

ACCOUNT NUMBER	PERIOD / YEAR	TAX TYPE	TAX PRINCIPAL	INTEREST	PENALTY	OTHER	JUDGMENT AMOUNT	TOTALS	COMMENTS
Priority Unsecured Claim									
Ending in 6846	12312013M	WAG	\$ 761.14	\$ 333.50	\$ 818.22	\$ -	\$ 1,912.86		
Ending in 6846	12312014M	WAG	\$ 704.61	\$ 273.59	\$ 651.77	\$ -	\$ 1,629.97		
Ending in 6846	12312015M	WAG	\$ 539.19	\$ 181.96	\$ 417.87	\$ -	\$ 1,139.02		
			\$ 2,004.94	\$ 789.05	\$ 1,887.86	\$ -	\$ 4,681.85		
Ending in 6846	12312018Y	BIR	\$ 5,837.00	\$ 1,235.50	\$ 2,699.52	\$ -	\$ 9,772.02		
Ending in 6846	12312019Y	BIR	\$ 4,840.00	\$ 710.03	\$ 1,512.50	\$ -	\$ 7,062.53		
Ending in 6846	12312020Y	BIR	\$ 4,010.00	\$ 277.78	\$ 651.56	\$ -	\$ 4,939.34		
			\$ 14,687.00	\$ 2,223.31	\$ 4,863.58	\$ -	\$ 21,773.89		
Total Priority Unsecured Claims			\$ 16,691.94	\$ 1,663.19	\$ 6,751.44	\$ -	\$ 26,455.74		
General Unsecured Claims									
Ending in 6846	12312015Y	BIR	\$ 2,635.00	\$ 874.14	\$ 2,009.34	\$ -	\$ 5,518.48		Non-Dischargeable
Ending in 6846	12312016Y	BIR	\$ 7,032.00	\$ 2,262.76	\$ 5,187.90	\$ -	\$ 14,482.66		Non-Dischargeable
Ending in 6846	12312017Y	BIR	\$ 7,032.00	\$ 1,910.44	\$ 4,307.10	\$ -	\$ 13,249.54		Non-Dischargeable
Total General Unsecured Claims			\$ 16,699.00	\$ 5,047.34	\$ 11,504.34	\$ -	\$ 33,250.68		
Ending in 6846	12312016Y	WAG	NON-FILER						
Ending in 6846	12312017Y	WAG	NON-FILER						
Ending in 6846	12312018Y	WAG	NON-FILER						
Ending in 6846	12312019Y	WAG	NON-FILER						
Ending in 6846	12312020Y	WAG	NON-FILER						
	Total Claims						\$ 59,706.42		

Northern District of Texas Claims Register

[21-30726-sgj11 OCB Restaurant Company, LLC](#)

Judge: Stacey G. Jernigan **Chapter:** 11
Office: Dallas **Last Date to file claims:** 08/30/2021
Trustee: **Last Date to file (Govt):** 11/29/2021

<i>Creditor:</i> (19488041)	Claim No: 6	<i>Status:</i>
City of Philadelphia/School District of Philadelph	<i>Original Filed</i>	<i>Filed by:</i> CR
City of Philadelphia Law-Tax & Revenue Unit	<i>Date:</i> 08/04/2021	<i>Entered by:</i> Admin
1401 JFK Blvd, 5th Floor Philadelphia, PA 19102	<i>Original Entered</i>	<i>Modified:</i> 12/03/2021
	<i>Date:</i> 08/04/2021	
	<i>Last Amendment</i>	
	<i>Filed:</i> 12/03/2021	
	<i>Last Amendment</i>	
	<i>Entered:</i> 12/03/2021	

Amount claimed: \$58706.42
Priority claimed: \$26455.74

History:

- [Details](#) [6-1](#) 08/04/2021 Claim #6 filed by City of Philadelphia/School District of Philadelph, Amount claimed: \$4681.85 (Admin)
- [Details](#) [6-2](#) 12/03/2021 Amended Claim #6 filed by City of Philadelphia/School District of Philadelph, Amount claimed: \$58706.42 (Admin)

Description:

Remarks: (6-1) Account Number (last 4 digits):7607
(6-2) Account Number (last 4 digits):7607 Filer Comment: plus unliquidated claim

Claims Register Summary

Case Name: OCB Restaurant Company, LLC
Case Number: 21-30726-sgj11
Chapter: 11
Date Filed: 04/20/2021
Total Number Of Claims: 1

Total Amount Claimed*	\$58706.42
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		
Priority	\$26455.74	
Administrative		

Fill in this information to identify the case:

Debtor 1	OCB Restaurant Company, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	Northern District of Texas
Case number:	21-30726

RECEIVED
AUG 09 2021

FILED
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Northern District of Texas
8/4/2021
Robert . Colwell, Clerk

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Proof of Claim**

BMC GROUP

04/19

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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?	City of Philadelphia/School District of Philadelph	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	City of Philadelphia/School District of Philadelph	
	Name	Name
	City of Philadelphia Law-Tax & Revenue Unit 1401 JFK Blvd, 5th Floor Philadelphia, PA 19102	
	Contact phone 215-686-0503	Contact phone
	Contact email Megan.Harper@phila.gov	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>7607</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>4681.85</u></p> <p>Does this amount include interest or other charges?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.</p> <p style="text-align: center;"><u>Municipal Claim</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes. Check all that apply:	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).	\$ _____
	<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) 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).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 4681.85
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____	
<p>* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.</p>		

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 8/4/2021
MM / DD / YYYY

/s/ /s/ Megan N. Harper

Signature

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

Name /s/ Megan N. Harper

First name Middle name Last name

Title Senior Attorney

Company City of Philadelphia Law-Tax & Revenue Unit

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 1401 JFK Blvd, 5th Floor

Number Street
Philadelphia, PA 19102

City State ZIP Code

Contact phone 215-686-0503 Email Megan.Harper@Phila.gov

Fill in this information to identify the case:

Debtor 1 OCB Restaurant Co. LLC.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas

Case number 21-30726

Official Form 410

Proof of Claim

04/16

Read the instructions before filling 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

<p>1. Who is the current creditor?</p>	<p><u>City of Philadelphia/School District of Philadelphia</u></p> <p><small>Name of the current creditor (the person or entity to be paid for this claim)</small></p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p>	<p>Where should notices to the creditor be sent?</p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p><u>City of Philadelphia Law-Tax & Revenue Unit</u></p> <p><small>Name</small></p> <p><u>1401 JFK Blvd, 5th Floor</u></p> <p><small>Number Street</small></p> <p><u>Philadelphia PA 19102</u></p> <p><small>City State ZIP Code</small></p> <p>Contact phone <u>215-686-0503</u></p> <p>Contact email <u>Megan.Harper@phila.gov</u></p> <p><small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small></p> <p>-----</p>	<p>_____ <small>Name</small></p> <p>_____ <small>Number Street</small></p> <p>_____ <small>City State ZIP Code</small></p> <p>Contact phone _____</p> <p>Contact email _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____</p> <p style="text-align: right;">Filed on _____ <small>MM / DD / YYYY</small></p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

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: 7 6 0 7

7. How much is the claim? \$ 4,681.85 **Plus Unliquidated Claims. 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.

Municipal Claim

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
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 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: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (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: \$ _____

Annual Interest Rate [Real Estate] (when case was filed) _____ %
Annual Interest Rate [Judgments] (when case was filed) _____ %
 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)?

- No
 Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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). \$ _____
- Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____
- Wages, salaries, or commissions (up to \$12,850*) 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). \$ _____
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ 4,681.85
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____
- Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

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- I am the creditor.
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- 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 07/22/2021
MM / DD / YYYY

/s/ Megan N. Harper

Signature

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

Name Megan N. Harper
First name Middle name Last name

Title Senior Attorney

Company City of Philadelphia Law-Tax & Revenue Unit
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1401 JFK Blvd, 5th Floor
Number Street

Philadelphia PA 19102
City State ZIP Code

Contact phone 215-686-0503 Email Megan.Harper@Phila.gov

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Total Priority Unsecured Claim			\$ 2,004.94	\$ 789.05	\$ 1,887.86	\$ -	\$ 4,681.85		
Unliquidated Claim									
Ending in 6846	12312015Y	BIR							
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Ending in 6846	12312018Y	BIR							
Ending in 6846	12312019Y	BIR							
Ending in 6846	12312020Y	BIR							
Ending in 6846	12312016	WAG							
Ending in 6846	12312017Y	WAG							
Ending in 6846	12312018Y	WAG							
Ending in 6846	12312019Y	WAG							
Ending in 6846	12312020Y	WAG							
Total Claims							\$ 4,681.85		

Northern District of Texas Claims Register

21-30726-sgj11 OCB Restaurant Company, LLC

Judge: Stacey G. Jernigan **Chapter:** 11

Office: Dallas **Last Date to file claims:** 08/30/2021

Trustee: **Last Date to file (Govt):** 11/29/2021

<i>Creditor:</i> (19488041)	Claim No: 6	<i>Status:</i>
City of Philadelphia/School	<i>Original Filed</i>	<i>Filed by:</i> CR
District of Philadelph	<i>Date:</i> 08/04/2021	<i>Entered by:</i> Admin
City of Philadelphia Law-Tax &	<i>Original Entered</i>	<i>Modified:</i>
Revenue Unit	<i>Date:</i> 08/04/2021	
1401 JFK Blvd, 5th Floor		
Philadelphia, PA 19102		

Amount claimed: \$4681.85

Priority claimed: \$4681.85

History:

Details 6-1 08/04/2021 Claim #6 filed by City of Philadelphia/School District of Philadelph, Amount claimed: \$4681.85 (Admin)

Description:

Remarks: (6-1) Account Number (last 4 digits):7607

Claims Register Summary

Case Name: OCB Restaurant Company, LLC

Case Number: 21-30726-sgj11

Chapter: 11

Date Filed: 04/20/2021

Total Number Of Claims: 1

Total Amount Claimed*	\$4681.85
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		
Priority	\$4681.85	
Administrative		