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CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Fill in this information to identify the case:

Debtor 1 OCB RESTAURANT CO

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

04/19

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?**
   State of Maine Bureau of Revenue Services
   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)
State of Maine Bureau of Revenue Services Name	Name
Compliance Division, PO Box 9101 Number Street	Number Street
Augusta ME 04332-9101 City State ZIP Code	City State ZIP Code
Contact phone (207) 624-9690	Contact phone
Contact email Paula.A.Thomas@Maine.gov	Contact email

Uniform claim identifier 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 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?

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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?** $ 14,731.61 . **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. 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)?

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 one:*

	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 $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).	$
☐ 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).	$
☑ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$ 8,964.65
☐ 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.	$

* Amounts are subject to adjustment on 4/01/22 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 08/19/2021
MM / DD / YYYY

Signature

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

Name: Brock P. DeRaps
First name Middle name Last name

Title: Senior Tax Examiner

Company: State of Maine Bureau of Revenue Services
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: Compliance Division, PO Box 9101
Number Street

Augusta ME 04332-9101
City State ZIP Code

Contact phone: (207) 624-9690 Email: Paula.A.Thomas@Maine.gov

PROOF OF CLAIM FOR STATE TAXES
STATE OF MAINE
BUREAU OF REVENUE SERVICES

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS:

In Re: OCB RESTAURANT CO 2338 NORTH LOOP 1604 WEST SUITE 350 SAN ANTONIO TX 78248 ID #: xxxxx7607; x0706	) Chapter) Case Number) Petition Date)	11 21-30726 04/20/2021

The undersigned is the agent of the State Tax Assessor for the Bureau of Revenue Services and is duly authorized to make this proof of claim on his behalf. The debtor is indebted to the Bureau of Revenue Services in the sum of **$14,731.61** as of the petition date, as more fully set forth below. The amount of all known payments on this claim have been credited and deducted for the purpose of making this claim. The basis of the liability given rise to this claim is tax due under the laws of the State of Maine. For any tax periods for which no returns have been filed and for which no assessment has been made, the Bureau of Revenue Services may make estimated claims based upon the best available information. The debtor has been notified of this fact. This proof of claim may be amended to include additional tax years. *All rights to setoff are preserved and will be asserted to the extent lawful*

A. SECURED ***CLAIM*** (Notice of tax lien filed before petition date; copies attached):

Tax Type	Period(s)	Tax	Interest to 04/20/21	Penalty to 04/20/21	Total	*Notice of Maine Tax Lien Filed* Date	Registry/Agency

Total Secured Claim Amount: **0.00**

B. PRIORITY ***CLAIM*** (Under §507(a)(8) of Bankruptcy Code):

Tax Type	Period(s)	Tax	Interest	Penalty	Total
Sales*	03/20	8,367.65	597.00		8,964.65

Total Priority Claim Amount: **8,964.65**

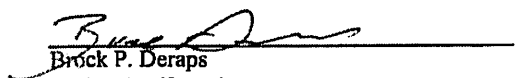
C. NON PRIORITY ***CLAIM***:

Tax Type	Period(s)	Tax	Interest	Penalty	Total
Sales*	03/20			4,016.38	4,016.38
Sales†	02/20	0.00	0.00	1,750.58	1,750.58

Total Unsecured Claim Amount: **5,766.96**

* Late filed 05/08/2020
† Late filed 3/20/2020

Date: August 19, 2021



Brock P. Deraps
Senior Tax Examiner
Compliance Division
PO Box 9101
Augusta, ME 04332-9101
(207) 624-9595

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

Creditor: (19498903)
State of Maine Bureau of Revenue Services
Compliance Division, P.O. Box 9101
Augusta, ME 04332-9101

Claim No: 11
Original Filed Date: 08/26/2021
Original Entered Date: 08/26/2021

Status:
Filed by: CR
Entered by: Chris Tello
Modified:

Amount claimed: $14731.61

Secured claimed: $8964.65

History:

Details	11-1	08/26/2021	Claim #11 filed by State of Maine Bureau of Revenue Services, Amount claimed: $14731.61 (Tello, Chris)

Description:

Remarks:

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*	$14731.61
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	$8964.65	
Priority		
Administrative		