

<b>UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MISSOURI</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>AVING-RICE</b>		Case Number: <b>15-41917-ABF11</b>
<i>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Department of the Treasury - Internal Revenue Service</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. <b>Court Claim Number:</b> _____ <i>(If known)</i> <b>Filed on:</b> _____
Telephone number: 1-800-973-0424      email:      Creditor Number: 15491662		
Name and address where payment should be sent (if different from above): <b>Internal Revenue Service 2850 NE Independence Ave STE 101 M/S 5334-LSM Lee's Summit, MO 64064-2327</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone Number: 816-966-2356      email:		
<b>1. Amount of Claim as of Date Case Filed:</b> <u>\$ 44,597.55</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Taxes</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>See Attachment</u>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		<b>Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any:</b> \$ _____
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		<b>Basis for perfection:</b> _____
<b>Value of Property:</b> \$ _____		<b>Amount of Secured Claim:</b> \$ _____
<b>Annual Interest Rate</b> ____% <input type="checkbox"/> fixed    or <input type="checkbox"/> variable (when case was filed)		<b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  Amount entitled to priority: <u>\$ 27,567.21</u>
<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).	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



**7. Documents:** Attach are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

- I am the creditor.       I am the creditor's authorized agent.       I am the trustee, or the debtor, or their authorized agent.       I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: LYNDA M. WALKER  
Title: Bankruptcy Specialist  
Company: Internal Revenue Service

/s/ LYNDA M. WALKER  
(Signature)

08/14/2015  
(Date)

Address and telephone number (if different from notice address above):

Internal Revenue Service  
2850 NE Independence Ave STE 101  
M/S 5334-LSM  
Lee's Summit, MO 64064-2327

Telephone number: 816-966-2356

Email:

# Proof of Claim for Internal Revenue Taxes



Form 10  
Attachment

Department of the Treasury/Internal Revenue Service

**In the Matter of:** AVING-RICE  
10777 BARKLEY ST STE 200  
OVERLAND PARK, KS 66211

Case Number	15-41917-ABF11
Type of Bankruptcy Case	CHAPTER 11
Date of Petition	07/02/2015

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

ESTIMATED CLAIMS CAN BE AMENDED WHEN RETURNS ARE FILED. SEND ORIGINAL

**Unsecured Priority Claims** under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XX-XXX4026	WT-FICA	12/31/2014	06/08/2015	\$0.00	\$323.69
XX-XXX4026	WT-FICA	03/31/2015	08/24/2015	\$23,743.76	\$520.57
XX-XXX4026	WT-FICA	06/30/2015	1 Unassessed-No Return	\$2,979.19	\$0.00
				\$26,722.95	\$844.26

**Total Amount of Unsecured Priority Claims: \$27,567.21**

**Unsecured General Claims**

Penalty to date of petition on unsecured priority claims (including interest thereon) . . . . . \$17,030.34

**Total Amount of Unsecured General Claims: \$17,030.34**

1 UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED. WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION AS REQUIRED BY LAW THE CLAIM WILL BE AMENDED

# Western District of Missouri Claims Register

[15-41917-abf11 Aving-Rice, LLC \(JOINT ADMIN-All Docketing to be done in 15-41915\)](#)

**Judge:** Arthur B. Federman      **Chapter:** 11  
**Office:** Kansas City              **Last Date to file claims:**  
**Trustee:**                              **Last Date to file (Govt):**

<i>Creditor:</i> (15491662) Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	<b>Claim No: 5</b> <i>Original Filed</i> Date: 08/17/2015 <i>Original Entered</i> Date: 08/17/2015	<i>Status:</i> Filed by: CR <i>Entered by:</i> Internal Revenue Service <i>Modified:</i>
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Amount claimed:	\$44597.55		
Secured claimed:	\$0.00		
Priority claimed:	\$27567.21		

*History:*

<a href="#">Details</a>	<a href="#">5-1</a>	08/17/2015 Claim #5 filed by Internal Revenue Service, Amount claimed: \$44597.55 (Internal Revenue Service)
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*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Aving-Rice, LLC (JOINT ADMIN-All Docketing to be done in 15-41915)  
**Case Number:** 15-41917-abf11  
**Chapter:** 11  
**Date Filed:** 07/02/2015  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$44597.55
<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>	\$27567.21	
<b>Administrative</b>		