


UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor: Harold M. Pitman Co.		Case Number: 10-13619-BLS	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): New Hampshire Department of Revenue Administration		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known)	
Name and address where notices should be sent: N.H. Department of Revenue Administration, Attn: Kathryn E. Skouteris, Esq., Assistant Revenue Counsel, P.O. Box 457, Concord, NH 03302-0457		Filed on: _____	
Telephone number: (603) 271-2840			
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number:			
1. Amount of Claim as of Date Case Filed: \$ <u>11,428.09</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <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 \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, 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). <input type="checkbox"/> Up to \$2,425* 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)().	
2. Basis for Claim: <u>State Taxes</u> (See instruction #2 on reverse side.)			
3. Last four digits of any number by which creditor identifies debtor: <u>0980</u>			
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents, invoices, itemized statements of running account. You may also attach a summary. Attach redacted copy of a security interest. You may also attach a summary.		Filed: USBC - District of Delaware HMP Services Holding, Et Al. 10-13618 (BLS) 0000000142	
DO NOT SEND ORIGINAL DOCUMENTS. ATTACH SCANNING.			
If the documents are not available, please explain:		Amount entitled to priority: \$ <u>11,428.09</u>	
Date: <u>03/15/2011</u>		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>Kathryn E. Skouteris</i> Kathryn E. Skouteris Esq., Assistant Revenue Counsel		FOR COURT USE ONLY APR 9 2011	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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NH DEPARTMENT OF REVENUE ADMINISTRATION
 ADMINISTRATION DIVISION
 P.O. Box 457
 Concord, NH 03302-0457

PROOF OF CLAIM SUMMARY

IN THE MATTER OF:

Harold M. Pitman Co.
 15 Keith Hill Road, Suite 100
 Grafron, MA 01519

DOCKET #	10-13619-BLS
TYPE	Chapter 11
DATE OF PETITION	11/8/2010

UNSECURED PRIORITY CLAIMS
 under section 507(a)(8) of the Bankruptcy Code

Taxpayer Identification Number	Tax Type	Tax Period(s) Ending	Date Tax Assessed	Tax Liability	Interest	Penalty	Subtotal	Payment Received	Total
XX-0980	Business	3/31/2009	2/24/2011	\$ 8,628.00	\$ 329.23	\$ 1,059.80	\$ 10,017.03	\$ 5,600.00	\$ 4,417.03
XX-0980	Business	3/31/2010	2/24/2011	\$ 5,032.00	\$ 217.86	\$ 1,761.20	\$ 7,011.06	\$ -	\$ 7,011.06

TOTAL AMOUNT OF UNSECURED PRIORITY CLAIMS	\$ 13,660.00	\$ 547.09	\$ 2,821.00	\$ 17,028.09	\$ 5,600.00	\$ 11,428.09
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TOTAL AMOUNT OF CLAIM	\$ 11,428.09
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HAROLD M PITMAN CO

361630980

ORIGINAL ISSUE DATE: 2/24/2011

EXPLANATION:
BILLED UNAUDITED
AUTO-APPROVAL OF PROPOSED ASSESSMENT

RESPONSE DATE: 3/26/2011

TAX PERIOD: 4/01/2009 TO 3/31/2010

TAX TYPE: BUSINESS TAX

PAYMENT HISTORY

CHARGES

DATE	DESCRIPTION	AMOUNT

DESCRIPTION	AMOUNT
TAX LIABILITY	5,032.00
INTEREST CHARGE	217.86
FAILURE TO PAY PENALTY	503.20
FAILURE TO FILE PENALTY	1,258.00
TOTAL CHARGES:	7,011.06
TOTAL PAYMENTS:	.00
AMOUNT DUE:	7,011.06

TOTAL PAYMENTS:

.00

TOTAL CHARGES: 7,011.06

TOTAL PAYMENTS: .00

AMOUNT DUE: 7,011.06

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DEPARTMENT AT TEL. (603) 271-2191.
HEARING AND/OR SPEECH IMPAIRED INDIVIDUALS MAY CALL TDD ACCESS: RELAY NH1-800-735-2964.

IF YOU DISAGREE, PROVIDE A WRITTEN EXPLANATION TO THE RESOLUTION GROUP PO BOX 1004, CONCORD, NH 03302 BY 3/26/2011

PLEASE DETACH HERE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PROPOSED NOTICE OF ASSESSMENT

PAYMENT FORM

FOR DRA USE ONLY

TAX PERIOD: 4/01/2009 TO 3/31/2010

FORM YEAR: 2009

DIN/FEI/SSN: 361630980

TAX TYPE: BUSINESS TAX

ENTITY TYPE: 2 CORPORATE

ORIGINAL

ISSUE DATE: 2/24/2011

BALANCE OF TAX DUE	5,032.00
INTEREST CHARGE	217.86
FAILURE TO PAY PENALTY	503.20
FAILURE TO FILE PENALTY	1,258.00
AMOUNT DUE:	7,011.06

FOR DRA USE ONLY

ADDITIONAL INTEREST DUE AFTER
3/06/2011 AT \$.82 PER DAY

AMOUNT PAID:

HAROLD M PITMAN CO
15 KEITH HILL RD STE 100
GRAFTON MA 01519

PAYMENT DUE UPON RECEIPT
PAYABLE TO: STATE OF NEW HAMPSHIRE
MAIL TO: NH DEPT OF REVENUE
PO BOX 637
CONCORD NH 03302-0637

FORM

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

AR102

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PROPOSED NOTICE OF ASSESSMENT

PAGE: 1 OF 1

HAROLD M PITMAN CO

361630980

ORIGINAL ISSUE DATE: 2/24/2011

EXPLANATION:
BILLED UNAUDITED
AUTO-APPROVAL OF PROPOSED ASSESSMENT

RESPONSE DATE: 3/26/2011

TAX PERIOD: 4/01/2008 TO 3/31/2009

TAX TYPE: BUSINESS TAX

PAYMENT HISTORY

CHARGES

Table with columns: DATE, DESCRIPTION, AMOUNT. Rows include ESTIMATE PAYMENT for 7/21/2008, 9/11/2008, and 3/16/2009.

Table with columns: DESCRIPTION, AMOUNT. Rows include TAX LIABILITY, INTEREST CHARGE, FAILURE TO PAY PENALTY, and FAILURE TO FILE PENALTY.

TOTAL PAYMENTS:

5,600.00

TOTAL CHARGES:

10,017.03

TOTAL PAYMENTS:

5,600.00

AMOUNT DUE:

4,417.03

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE DEPARTMENT AT TEL. (603) 271-2191.

HEARING AND/OR SPEECH IMPAIRED INDIVIDUALS MAY CALL TDD ACCESS: RELAY NH1-800-735-2964.

IF YOU DISAGREE, PROVIDE A WRITTEN EXPLANATION TO THE RESOLUTION GROUP PO BOX 1004, CONCORD, NH 03302 BY

3/26/2011

PLEASE DETACH HERE

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

FORM

AR102

PROPOSED NOTICE OF ASSESSMENT

704 DP77

PAYMENT FORM

FOR DRA USE ONLY

TAX PERIOD: 4/01/2008 TO 3/31/2009

FORM YEAR: 2008

DIN/FEI/SSN: 361630980

TAX TYPE: BUSINESS TAX

ENTITY TYPE: 2 CORPORATE

ORIGINAL

ISSUE DATE: 2/24/2011

BALANCE OF TAX DUE

3,028.00

INTEREST CHARGE

329.23

FAILURE TO PAY PENALTY

302.80

FAILURE TO FILE PENALTY

757.00

AMOUNT DUE:

4,417.03

FOR DRA USE ONLY

ADDITIONAL INTEREST DUE AFTER

3/06/2011 AT \$.49 PER DAY

AMOUNT PAID:

HAROLD M PITMAN CO

15 KEITH HILL RD STE 100

GRAFTON MA 01519

PAYMENT DUE UPON RECEIPT

PAYABLE TO: STATE OF NEW HAMPSHIRE

MAIL TO: NH DEPT OF REVENUE

PO BOX 637

CONCORD NH 03302-0637

FedEx

Express

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FedEx US Airbill **EXP** **86 93 5094 9323**

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records.

Express

Date: 3/3/11 FedEx Tracking Number: 86 93 5094 9323

Sender's Name: EPIQ BANKRUPTCY SOLUTIONS, LLC Phone:

Company: EPIQ BANKRUPTCY SOLUTIONS, LLC

Address: 757 3RD AVE

City: NEW YORK State: NY ZIP: 10017-2013

2 Your Internal Billing Reference

3 To Recipient's Name: Phone:

4 Recipient's Address: 200 W. Broadway New York, NY 10038

5 Recipient's City: State: ZIP: Phone:

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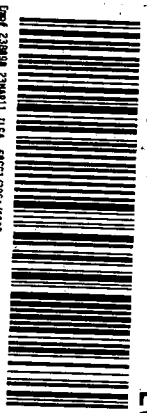
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