

**United States Bankruptcy Court
District of DE (WILMINGTON)**

PROOF OF CLAIM

In re (Name of Debtor)
HAROLD M PITMAN COMPANY / HMP SERVICES HOLDING

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)
INDIANA DEPARTMENT OF REVENUE

Name and Address Where Notices Should be Sent
**INDIANA DEPARTMENT OF REVENUE
BANKRUPTCY SECTION, N-240
100 NORTH SENATE AVENUE
INDIANAPOLIS, IN 46204**

Telephone No. (317) 232-2289

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

**THIS SPACE IS FOR
COURT USE ONLY**

Account Or Other Number By Which Creditor Identifies Debtor
0980

Check here if this claim replaces amends a previously filed claim dated

1. BASIS FOR CLAIM

Goods sold

Services performed

Money loaned

Personal injury / wrongful death

Taxes

Other (Describe briefly)

Retiree benefits as defined by U.S.C. 1114(a)

Wages, salaries, and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed

From _____ to _____

(date) (date)

2. DATE DEBT WAS INCURRED
SEE ATTACHMENT

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

SECURED CLAIM \$0.00
Attach evidence of perfection of security interest
Brief description of Collateral:
 Real Estate Motor Vehicle Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$

UNSECURED NONPRIORITY CLAIM \$2,765.33
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$28,040.53
Specify the priority of the claim.

Wages, salaries, or commissions (up to \$4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. 507(a)(3)

Contributions to an employee benefit plan - 11 U.S.C. 507(a)(4)

Up to \$1950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. 507(a)(7)

Taxes or other penalties of governmental units - 11 U.S.C. 507(a)(8)

Other - Specify applicable paragraph of 11 U.S.C. 507(a) _____

*Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced after the date of adjustment.

| | | | | |
|--|---------------------------|---------------------|---------------------------|------------------------|
| 5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: | \$2,765.33 (Unsecured) | \$0.00 (Secured) | \$28,040.53 (Priority) | \$30,805.87 (TOTAL) |
|--|---------------------------|---------------------|---------------------------|------------------------|

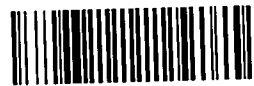
Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFF: The amount of all payments purposes of making this proof of claim. In filing this claim owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of support orders, invoices, itemized statements of running account interests. If the documents are not available, explain.

8. TIME STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Filed: USBC - District of Delaware
HMP Services Holding, Et Al.
10-13618 (BLS) 0000000145



**THIS SPACE IS FOR
COURT USE ONLY**

FILED / RECEIVED

MAR 28 2011

EPIQ BANKRUPTCY SOLUTIONS, LLC

Date: **03/21/2011**

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
/s/ CAROL LUSHELL, Tax Analyst **Carol Lushell**

Penalty for presenting fraudulent claim: Fine of up to \$500.00 or imprisonment for up to 5 years or both. 18 U.S.C. 152 and 371.

WORKING PAPERS:

NAME(S): HAROLD M PITMAN COMPANY

FID: 0980

PRE-PETITION SECURED

CASE NUMBER: 10-13619 (BLS)

TID:

POST-PETITION UNSECURED

DATE FILED: 11/08/2010

CONFIRM DATE:

CHAPTER FILED: 11

| TAX TID# | TYPE | LIAB NBR | LIAB TYPE | PERIOD ENDING | DUE DATE | PENALTY RATE | BASE TAX | INTEREST | PENALTY | CLERK COST | TOTAL CLAIM |
|-------------|------|--------------|--------------|------------------|-------------|-----------------|-------------|----------|------------|---------------|-------------|
| 7664 | OOS | 201001258255 | LAT | 07/31/2010 | 08/20/2010 | 10.00% | \$314.01 | \$2.51 | \$0.00 | \$0.00 | \$316.52 |
| | | 201001370231 | LAT | 08/31/2010 | 09/20/2010 | 10.00% | \$45.11 | \$0.17 | \$0.00 | \$0.00 | \$45.28 |
| | | 201001593754 | BJA | 09/30/2010 | 10/20/2010 | 10.00% | \$12,200.00 | \$25.40 | \$1,220.00 | \$0.00 | \$13,445.40 |
| | | 201001702150 | BJA | 10/31/2010 | 11/22/2010 | 10.00% | \$12,200.00 | \$0.00 | \$1,220.00 | \$0.00 | \$13,420.00 |
| | | 201001835828 | BJA | 11/30/2010 | 12/20/2010 | 10.00% | \$3,253.33 | \$0.00 | \$325.33 | \$0.00 | \$3,578.67 |

TOTALS: \$28,012.45 \$28.08 \$2,765.33 \$0.00 \$30,805.87

Secured Amount: \$0.00
 General Unsecured Amount: \$2,765.33
 Priority Amount: \$28,040.53

March 22, 2011

HMP Services Holding Sub III Claims
C/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5082
New York, NY 10150-5082

RE: Harold M Pitman Company
CASE NO: 10-13619 (BLS)

Dear Sir or Madame:

Enclosed are the original and copies of proof of priority claim and administrative claim of the Indiana Department of Revenue for filing in the above referenced case.

Please return a filed-stamped copy for our files to:

Bankruptcy Section, MS #108
Indiana Department of Revenue
100 N Senate Avenue, Room N-240
Indianapolis, IN 46204

Thank you for your courtesy in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Carol Lushell".

Carol Lushell
Bankruptcy Tax Analyst
Indiana Department of Revenue
(317) 232-2190

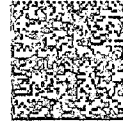
F 19715
IA-89



RECYCLED PAPER

STATE OF INDIANA
DEPARTMENT OF REVENUE
INDIANAPOLIS, INDIANA 46204

PRESORTED
FIRST CLASS



UNITED STATES POSTAGE
Eagle logo
02 1M \$0.88²
0004245665 MAR 24 2011
MAILED FROM ZIP CODE 46204

HMP Services Holding Sub Claims
C/o Epiq Bankruptcy Solutions
FDR Station, P.O. Box 5082
New York, NY 10150-5082

RECEIVED

MAR 28 2011

BIXMAB3 10150

