

Fill in this information to identify the case:

Debtor 1 FP Retail Associates LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30046 Administrative

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

1. Who is the current creditor? Illinois Department of Employment Security
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Illinois Department of Employment Security</u> Name</p> <p><u>33 South State Street - Bankruptcy Unit - 10th</u> Number Street</p> <p><u>Chicago</u> <u>Il</u> <u>60603</u> City State ZIP Code</p> <p>Contact phone <u>(312)793-3955</u></p> <p>Contact email <u>Amos.Ellis@illinois.gov</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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? _____

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: 0 9 1 5

7. How much is the claim? \$ 23,879.43 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.
State Unemployment Insurance Tax

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: \$ 23,879.43 (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) 3.00 %
 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:

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).	Amount entitled to priority \$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>23,079.43</u>
<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 4/01/19 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 _____
MM / DD / YYYY

/s/Lourdes G. Cruz
Signature

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

Name	<u>Lourdes</u>	<u>Gamez</u>	<u>Cruz</u>
	First name	Middle name	Last name
Title	<u>ES Tax Auditor II</u>		
Company	<u>IDES</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>33 South State Street</u>		
	Number	Street	
	<u>Chicago</u>	<u>IL</u>	<u>60603</u>
	City	State	ZIP Code
Contact phone	<u>(312)793-1269</u>		Email <u>Lourdes.Cruz@illinois.gov</u>



Illinois Department of Employment Security

Administrative Proof of Claim for the Illinois Department of
Employment Security Contributions/Taxes

Case No.: 18-30046IL
Type of Case: 11 Reorganization
Petition Date: 10/25/2018

United States Bankruptcy Court
Illinois Northern Bankruptcy Court Chicago
219 S Dearborn
Chicago, IL 60604

In the Matter Of:

FP RETAIL ASSOCIATES LLC
HOBO
7630 ROOSEVELT RD
FOREST PARK IL 60130-3051

Account ID: ***8329
FEIN: **-***0915
Letter ID: L1293278640
SSN:

1. The undersigned whose business address is Illinois Department of Employment Security, Employer Bankruptcy Unit, 33 South State Street, 10th Floor, Chicago, Illinois 60603, is the agent of the State of Illinois Department of Employment Security, and is authorized to make this request for payment on behalf of the State of Illinois.
2. The debtor is indebted to the State of Illinois Department of Employment Security, in the sum of **\$23,879.43**.
3. The grounds for liability are contributions/taxes due under the Illinois Unemployment Insurance Act 820 ILCS 405/100 et seq.

UNPAID

QTR/YR	Contributions	Interest to Petition Date	Penalty	Other	Date Notice of Lien Filed
* Quarter 1, 2019	\$11,538.93	\$1,160.85	\$480.00	\$0.00	
* Quarter 2, 2019	\$6,341.69	\$254.37	\$320.00	\$0.00	
* Quarter 3, 2019	\$3,783.59	\$0.00	\$0.00	\$0.00	
Total:	\$21,664.21	\$1,415.22	\$800.00	\$0.00	

*Wages are estimated because employer failed to file required reports.

Secured:	\$0.00
Priority:	\$23,079.43
General Unsecured:	\$800.00
Total UI Tax Claim:	\$23,879.43

The amount of all payments on this claim have been credited and deducted for the purpose of making this claim.

SEND ALL REMITTANCES, NOTICES, ETC. TO:

**ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY
EMPLOYER BANKRUPTCY UNIT
33 S STATE ST, 10TH FLOOR
CHICAGO, IL 60603-2802**

**Lourdes Cruz
ES Tax Auditor
(312) 793-1269**


By: Collections Unit Manager

Northern District of Illinois Claims Register

[18-30046 FP Retail Associates LLC](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (28346518) [History](#) **Claim No: 66** *Status:*
 Illinois Department of Employment Security (ADMINISTRATIVE) *Original Filed* *Filed by:* CR
 33 South State Street *Date:* 10/31/2019 *Entered by:* Lourdes Cruz
 Chicago, Illinois 60603 *Original Entered* *Modified:* 11/01/2019
 Attn: Bankruptcy Unit - 10th fl. *Date:* 10/31/2019

Admin claimed: \$23879.43

History:

[Details](#) [66-1](#) 10/31/2019 Claim #66 filed by Illinois Department of Employment Security, Admin claimed: \$23879.43 (Cruz, Lourdes)

Description: (66-1) State unemployment insurance tax for Administrative.

Remarks: (66-1) Modified on 11/1/2019 to correct claim type (cg)

Claims Register Summary

Case Name: FP Retail Associates LLC
Case Number: 18-30046
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$0.00
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	\$0.00	
Administrative	\$23879.43	