


B10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT <u>CENTRAL</u> DISTRICT OF <u>CALIFORNIA</u>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>HARRINGTON WEST FINANCIAL GRP, INC</b>		Case Number: <b>9:10-BK-14677-RR</b>
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114		<b>RECEIVED</b> <b>MAR 09 2011</b> <b>BMC GROUP</b>
Telephone number: 1-800-913-9358	Creditor Number: 27394591	Court Claim Number: _____ (If known)
Name and address where payments should be sent (if different from above): Internal Revenue Service Insolvency Group 4 55 So Market St, M/S HQ5430 San Jose, CA 95113		Filed on: _____
Telephone Number: (408) 817-6519		<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.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>49,918.68</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 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.		<b>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.</b>  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 \$11,725*) 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 \$2,600* 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)(____).
<b>2. Basis for Claim:</b> <u>Taxes</u> (See instruction #2 on reverse side.)		
<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 on reverse side.)		
<b>4. Secured Claim</b> (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: \$ _____		
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
<b>7. Documents:</b> Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		Amount entitled to priority:  \$ <u>49,918.68</u>  *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>Date:</b> 11/18/2010	<b>Signature:</b> 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.	
/s/ DONNIE SAMPLE, Bankruptcy Specialist (408) 817-6519		<b>FOR COURT USE ONLY</b>  Harrington West  00004
Internal Revenue Service Insolvency Group 4 55 So Market St, M/S HQ5430 San Jose, CA 95113		

# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10  
Attachment

**In the Matter of:** HARRINGTON WEST FINANCIAL GRP, INC  
P.O. BOX 442  
SOLVANG, CA 93464

Case Number	9:10-BK-14677-RR
Type of Bankruptcy Case	CHAPTER 11
Date of Petition	09/10/2010

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.

**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-XXX5170	CORP-INC	12/31/2004	1 Pending Examination	\$5,000.00	\$0.00
XX-XXX5170	CORP-INC	12/31/2005	1 Pending Examination	\$5,000.00	\$0.00
XX-XXX5170	CORP-INC	12/31/2006	1 Pending Examination	\$5,000.00	\$0.00
XX-XXX5170	CORP-INC	12/31/2007	1 Pending Examination	\$5,000.00	\$0.00
XX-XXX5170	CORP-INC	12/31/2009	1 Pending Examination	\$5,000.00	\$0.00
XX-XXX5170	CORP-INC	12/31/2010	2 NOT FILED	\$2,500.00	\$0.00
XX-XXX5170	WH FED INC	12/31/2010	3 Unassessed Liability	\$22,418.68	\$0.00
				<b>\$49,918.68</b>	<b>\$0.00</b>

**Total Amount of Unsecured Priority Claims:**

**\$49,918.68**

1 PROPOSED TAX DEFICIENCY DETERMINED BY EXAMINATION OF DEBTOR(S) TAX RETURN.

2 THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR BECAUSE THE RETURN HAS NOT BEEN FILED. AS SOON AS THE DEBTOR FILES THE RETURN WITH THE IRS AS REQUIRED BY LAW THIS CLAIM WILL BE ADJUSTED TO REFLECT THE ASSESSED LIABILITY.

3 THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR DUE TO DEBTOR'S FAILURE TO MAKE REQUIRED TAX DEPOSITS. AS SOON THE DEBTOR FILES THE RETURN WITH THE IRS AS REQUIRED BY LAW THIS CLAIM WILL BE ADJUSTED AS NECESSARY.

## Central District Of California Claims Register

9:10-bk-14677-RR Harrington West Financial Group, Inc.

**Judge:** Robin Riblet      **Chapter:** 11

**Office:** Santa Barbara      **Last Date to file claims:** 01/20/2011

**Trustee:**      **Last Date to file (Govt):** 03/09/2011

<b>Creditor:</b> (27394591) Internal Revenue Service PO Box 21126 Philadelphia, PA 19114	<b>Claim No: 4</b> <i>Original Filed</i> Date: 11/19/2010 <i>Original Entered</i> Date: 11/19/2010	<b>Status:</b> Filed by: CR Entered by: Brown, Carolyn Modified:
Unsecured claimed:      \$0.00 Secured claimed:      \$0.00 Priority claimed: \$49918.68 <b>Total claimed: \$49918.68</b>		
<b>History:</b> <u>Details</u> 4-1    11/19/2010 Claim #4 filed by Internal Revenue Service, total amount claimed: \$49918.68 (Brown, Carolyn )		
<b>Description:</b>		
<b>Remarks:</b>		

### Claims Register Summary

**Case Name:** Harrington West Financial Group, Inc.

**Case Number:** 9:10-bk-14677-RR

**Chapter:** 11

**Date Filed:** 09/10/2010

**Total Number Of Claims:** 1

	Total Amount Claimed	Total Amount Allowed
<b>Unsecured</b>	\$0.00	
<b>Secured</b>	\$0.00	
<b>Priority</b>	\$49918.68	
<b>Unknown</b>		
<b>Administrative</b>		
<b>Total</b>	<b>\$49918.68</b>	<b>\$0.00</b>