

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA		PROOF OF CLAIM
Name of Debtor: HUTCHESON MEDICAL CENTER, INC.		Case Number: 14-42863-PWB
<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): Department of the Treasury - Internal Revenue Service		COURT USE ONLY
Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Telephone number: 1-800-973-0424 email: Creditor Number: 18693652		
Name and address where payment should be sent (if different from above): Internal Revenue Service 401 W PEACHTREE ST, NW M/S 334-D ATLANTA, GA 30308		<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: (404) 338-8257 email:		
<div style="display: flex; justify-content: space-between;"> 1. Amount of Claim as of Date Case Filed: \$ <u>1,942,355.63</u> RECEIVED </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> DEC 22 2014 BMC GROUP </div>		
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.		
2. Basis for Claim: Taxes _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____ See Attachment	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) 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.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____ Annual Interest Rate ____% <input type="checkbox"/> fixed or <input type="checkbox"/> variable (when case was filed)		Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
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.		
<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>1,792,116.95</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)(____).
*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 adjus		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

Hutcheson Med POC

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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. (See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)

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: LISA JOHNSON
Title: Bankruptcy Specialist
Company: Internal Revenue Service

/s/ LISA JOHNSON

(Signature)

12/17/2014

(Date)

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

Internal Revenue Service
401 W PEACHTREE ST, NW
M/S 334-D
ATLANTA, GA 30308

Telephone number: (404) 338-8257

Email:

Proof of Claim for Internal Revenue Taxes



Form 10
Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: HUTCHESON MEDICAL CENTER, INC.
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE, GA 30742

Case Number	14-42863-PWB
Type of Bankruptcy Case	CHAPTER 11
Date of Petition	11/20/2014

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-XXX6794	WT-FICA	06/30/2014	10/13/2014	\$0.00	\$54.00
XX-XXX6794	WT-FICA	09/30/2014	12/22/2014	\$1,387,035.11	\$2,281.84
XX-XXX6794	WT-FICA	10/01/2014 - 11/20/2014	1 Unassessed Liability	\$402,646.00	\$0.00
XX-XXX6794	HVY VEHICL	12/31/2014	ESTIMATED LIABILITY *	\$100.00	\$0.00
				\$1,789,781.11	\$2,335.84

Total Amount of Unsecured Priority Claims: \$1,792,116.95

Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$150,238.68

Total Amount of Unsecured General Claims: \$150,238.68

IF 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.

Northern District of Georgia Claims Register

14-42863-pwb Hutcheson Medical Center, Inc.

Judge: Paul W. Bonapfel **Chapter:** 11
Office: Rome **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (18693652) INTERNAL REVENUE SERVICE P O BOX 7346 2970 MARKET STREET PHILADELPHIA, PA 19101-7317	Claim No: 41 <i>Original Filed</i> <i>Date:</i> 12/18/2014 <i>Original Entered</i> <i>Date:</i> 12/18/2014	Status: <i>Filed by:</i> CR <i>Entered by:</i> Internal Revenue Service <i>Modified:</i>
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Amount claimed:	\$1942355.63
Secured claimed:	\$0.00
Priority claimed:	\$1792116.95

History:

Details	41-1	12/18/2014	Claim #41 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$1942355.63 (Internal Revenue Service)
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Description:

Remarks:

Claims Register Summary

Case Name: Hutcheson Medical Center, Inc.
Case Number: 14-42863-pwb
Chapter: 11
Date Filed: 11/20/2014
Total Number Of Claims: 1

Total Amount Claimed*	\$1942355.63
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	\$0.00	
Priority	\$1792116.95	
Administrative		