


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA		PROOF OF CLAIM						
Name of Debtor: HUTCHESON MEDICAL CENTER, INC.		Case Number: 14-42863-PWB						
<p>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.</p>		<p>FILED</p> <p>MAR 19 2015</p> <p>BMC GROUP</p> <p>COURT USE ONLY</p>						
Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service		<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ 41 (If known) Filed on: <u>12/17/2014</u>						
Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346								
Telephone number: 1-800-973-0424 email: _____ Creditor Number: 18693652		<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.						
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								
Telephone Number: (404) 338-8257 email: _____								
<p>1. Amount of Claim as of Date Case Filed: <u>\$ 2,052,202.78</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><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.</p>								
<p>2. Basis for Claim: <u>Taxes</u> (See instruction #2)</p>								
<p>3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u></p>	<p>3a. Debtor may have scheduled account as: _____ (See instruction #3a)</p>	<p>3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)</p>						
<p>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.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate ___% <input type="checkbox"/> fixed or <input type="checkbox"/> variable (when case was filed)</p> <p>Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>								
<p>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.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).</td> <td><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).</td> <td><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). Amount entitled to priority: <u>\$ 1,901,964.10</u></td> </tr> <tr> <td><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).</td> <td><input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).</td> <td><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(___).</td> </tr> </table> <p><i>*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 adjustment.</i></p>			<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>\$ 1,901,964.10</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)(___).
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<p>6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instru</p>								

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

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)

03/18/2015
(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 CIR
FORT OGLETHORPE, GA 30742

Case Number
14-42863-PWB

Type of Bankruptcy Case
CHAPTER 11

Date of Petition
11/20/2014

Amendment No. 1 to Proof of Claim dated 12/17/2014.

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	03/30/2015	\$512,493.15	\$0.00
XX-XXX6794	HVY VEHICL	12/31/2014	ESTIMATED LIABILITY *	\$100.00	\$0.00
				\$1,899,628.26	\$2,335.84

Total Amount of Unsecured Priority Claims: \$1,901,964.10

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

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:** 05/01/2015
Trustee: **Last Date to file (Govt):**

Creditor: (18693652) History INTERNAL REVENUE SERVICE 401 W Peachtree St NW M/S 334-D Atlanta GA 30308	Claim No: 41 <i>Original Filed</i> Date: 12/18/2014 <i>Original Entered</i> Date: 12/18/2014 <i>Last Amendment Filed:</i> 03/19/2015 <i>Last Amendment Entered:</i> 03/19/2015	Status: <i>Filed by:</i> CR <i>Entered by:</i> Internal Revenue Service <i>Modified:</i>
Amount claimed: \$2052202.78		
Secured claimed: \$0.00		
Priority claimed: \$1901964.10		

History:

Details	41-1	12/18/2014	Claim #41 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$1942355.63 (Internal Revenue Service)
Details	41-2	03/19/2015	Amended Claim #41 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$2052202.78 (Internal Revenue Service)

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*	\$2052202.78
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	\$1901964.10	
Administrative		