

UNITED STATES BANKRUPTCY COURT FOR THE Georgia Northern Bankruptcy Court Rome – ECF		PROOF OF ADMINISTRATIVE CLAIM
In re: HUTCHESON MEDICAL CENTER INC	Chapter 11 Case No: 14-42863	
Note: This form should only be used to make a claim for an administrative expense.		
Name of Creditor and Address: GEORGIA DEPARTMENT OF REVENUE COMPLIANCE DIVISION ARCS - BANKRUPTCY 1800 CENTURY BLVD NE, SUITE 9100 ATLANTA, GA 30345-3205	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Creditor Telephone No: (404) 417-6543		
CREDITOR TAX ID#:	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 6794	
1. BASIS FOR ADMINISTRATIVE CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Contractual or lease obligations <input type="checkbox"/> Personal injury/wrongful death/property damage <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly)		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS#: _____ Unpaid compensation for services performed From _____ to _____		
2. Date debt was incurred: See attachment	3. If court judgment, date obtained: _____	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$856,698.09 If all or part of your claim is secured or entitled to priority, also complete item 5 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Please identify the Debtor against whom your claim is asserted: HUTCHESON MEDICAL CENTER INC	6. Offsets, Credits and Setoffs: <input type="checkbox"/> All payments made on this claim by the Debtors have been credited and deducted from the amount claimed herein. <input type="checkbox"/> This claim is not subject to any setoff or counterclaim. <input type="checkbox"/> This claim is subject to setoff or counter claim as follows: _____ _____	
7. This Administrative Proof of Claim: <input type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein <input checked="" type="checkbox"/> amends/supplements a proof of claim filed on _____ or _____ <input type="checkbox"/> replaces/suspends a proof of claim filed on _____		8. Assignment: <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto.
9. Supporting Documentation: <input checked="" type="checkbox"/> This claim is supported by documentation that is attached hereto, or <input type="checkbox"/> This claim is supported by documentation that is not attached hereto because _____ _____		THIS SPACE FOR COURT USE ONLY RECEIVED DEC 24 2015 BMC GROUP Hutcheson Med POC  00377
Date Signed: 18-Dec-2015	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach power of attorney, if any) <i>T. Truong - Authorized Representative</i>	

Debtor Name: HUTCHESON MEDICAL
CENTER INC

Case Number: 14-42863

Petition Date: 20-Nov-2014

Tax Type	Account Id	Period	Tax	Interest	Penalty	Other	Note
Wth Payroll	1977833-VS	12/31/2014	\$0.00	\$0.00	\$0.00	\$0.00	
Wth Payroll	1977833-VS	12/31/2014	\$142,345.18	\$20,831.61	\$81,540.43	\$0.00	Return
Wth Payroll	1977833-VS	03/31/2015	\$0.00	\$0.00	\$0.00	\$0.00	
Wth Payroll	1977833-VS	03/31/2015	\$92,716.66	\$11,636.10	\$58,205.37	\$0.00	Return
Wth Payroll	1977833-VS	06/30/2015	\$0.00	\$0.00	\$0.00	\$0.00	
Wth Payroll	1977833-VS	06/30/2015	\$93,842.42	\$10,266.71	\$51,358.67	\$0.00	Return
Wth Payroll	1977833-VS	09/30/2015	\$0.00	\$0.00	\$0.00	\$0.00	
Wth Payroll	1977833-VS	09/30/2015	\$234,727.16	\$9,867.13	\$49,360.65	\$0.00	Return