

Request for Payment of Internal Revenue Taxes

(Bankruptcy Code Cases - Administrative Expenses)

Department of the Treasury/Internal Revenue Service

United States Bankruptcy Court for the NORTHERN
District of GEORGIA

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
Creditor Number	18693652

Fiduciary: *Amendment No. 4 to Request for Payment Dated 12/17/2014*

- The undersigned, whose business address is 401 W PEACHTREE ST, NW M/S 334-D ATLANTA, GA 30308-3539, is the agent of the Department of the Treasury, Internal Revenue Service, and is authorized to make this request for payment on behalf of the United States.
- Request is made for payment of taxes and any interest or penalty due under the internal revenue laws of the United States, as shown below.
- The ground of liability is taxes due under the internal revenue laws of the United States.

This amended claim supercedes all previously filed claims.

Administrative Claims

Taxpayer ID Number	Kind of Tax	Tax Period	Tax Due	Interest Due	Penalty Due	Balance Due
XX-XXX6794	WT-FICA	11/21/2014 - 12/31/2014	\$323,373.27	\$3,994.03	\$91,945.29	\$419,312.59
XX-XXX6794	WT-FICA	03/31/2015	\$0.00	\$0.00	\$44,762.58	\$44,762.58
XX-XXX6794	WT-FICA	06/30/2015	\$0.00	\$0.00	\$111,035.00	\$111,035.00
XX-XXX6794	WT-FICA	09/30/2015	\$809,480.36	\$3,400.15	\$109,389.89	\$922,270.40
			<u>\$1,132,853.63</u>	<u>\$7,394.18</u>	<u>\$357,132.76</u>	<u>\$1,497,380.57</u>

Total Amount Due: \$1,497,380.57

The amount due includes interest and penalty computed to 12/17/2014. Compound interest will accrue at the rate established under IRC Section 6621(a) and late payment penalty will be charged under IRC Section 6651. If the claim is paid after 12/17/2014, contact LISA JOHNSON at (404) 338-8257 for the current balance.

Penalty for Presenting Fraudulent Claim - Fine of not more than \$5,000 or imprisonment for not more than 5 years or both - Title 18, U.S.C., Section 152.	Signature /s/ LISA JOHNSON	Date 12/22/2015
	Title Bankruptcy Specialist	Telephone Number (404) 338-8257



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: Ronald L. Glass **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: 42 <i>Original Filed</i> Date: 12/18/2014 <i>Original Entered</i> Date: 12/18/2014 <i>Last Amendment Filed:</i> 12/23/2015 <i>Last Amendment Entered:</i> 12/23/2015	Status: Filed by: CR Entered by: Internal Revenue Service Modified:																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Amount claimed:</td> <td style="width: 15%;">\$1497380.57</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>Secured claimed:</td> <td>\$0.00</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Priority claimed:</td> <td>\$1497380.57</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			Amount claimed:	\$1497380.57					Secured claimed:	\$0.00					Priority claimed:	\$1497380.57				
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History:

Details	42-1	12/18/2014	Claim #42 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$329438.11 (Internal Revenue Service)
Details	42-2	03/19/2015	Amended Claim #42 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$419312.59 (Internal Revenue Service)
Details	42-3	06/24/2015	Amended Claim #42 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$464075.17 (Internal Revenue Service)
Details	42-4	10/05/2015	Amended Claim #42 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$575110.17 (Internal Revenue Service)
Details	42-5	12/23/2015	Amended Claim #42 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$1497380.57 (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*	\$1497380.57
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Total Amount Allowed*	
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*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	\$1497380.57	
Administrative		