Fill in this information to identify the case:	
Debtor 1 HOT SPRINGS CATERINGS CO INC	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of KANSAS (State)
Case number <u>16-21204</u>	

## Official Form 410 **Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Clai	im				
1. Who is the current creditor?	Department of the Treasury - Internal Revenue Service Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor				
2. Has this claim been acquired from someone else?	■ No □ Yes. From whom?				
3. Where should notices and payments to the	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)		
creditor be sent?	Internal Revenue Service	Internal Revenue Se	ervice		
Federal Rule of	Name		Name		
Bankruptcy Procedure (FRBP) 2002(g)	P.O. Box 7346		2850 NE Independence Ave STE 101 M/S 5334-LSM		
	Number Street		Number Str	eet	
	Philadelphia PA	19101-7346	Leolo Cummit	МО	64064-2327
	Philadelphia PA City State	ZIP Code	Lee's Summit City	State	ZIP Code
	Contact phone <u>1-800-973-0424</u>	<u>.                                    </u>	Contact phone 816	6-966-2364	_
	Contact email		Contact email		_
	Creditor Number: 8541647				
	Uniform claim identifier for electror	nic payments in chapter 1	3 (if you use one)		
4. Does this claim amend one already filed?	<ul> <li>No</li> <li>■ Yes. Claim number on cc</li> </ul>		nown)1	Filed	on: 08/18/2016 MM / DD / YYYY
<ol> <li>Do you know if anyone else has filed a proof of claim for this claim?</li> </ol>	■ No ✓ Yes. Who made the earlier	filing?			

Part 2: Give Information A	bout the Claim as of the Date the Case Was Filed				
6. Do you have any number you use to identify the debtor?	<ul> <li>□ No</li> <li>■ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>See Attachment</u></li> </ul>				
7. How much is the claim?	the claim? \$0.00 Does this amount include interest or other charges?				
	<ul> <li>Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</li> </ul>				
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.				
	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).				
	Limit disclosing information that is entitled to privacy, such as health care information.				
	Taxes				
9. Is all or part of the claim	■ No				
secured?	□ Yes. The claim is secured by a lien on property.				
	Nature of property:				
	Real Estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.				
	Motor Vehicle				
	Other. Describe:				
	Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)				
	Value of Property: \$				
	Amount of the claim that is secured: \$				
	Amount of the claim that is unsecured: (The sum of the secured and unsecured amounts should match the amount in line 7.)				
	Amount necessary to cure any default as of the date of the petition: \$				
	Annual Interest Rate (when case was filed) _%				
	□ Fixed □ Variable				
10. Is this claim based on a	■ No				
lease?	□ Yes. Amount necessary to cure any default as of the date of the petition.				
11. Is this claim subject to a right of setoff?	<ul> <li>□ No</li> <li>■ Yes. Identify the property See Attachment</li> </ul>				

12. Is all or part of the claim entitled to priority under	No	
11 U.S.C. §507(a)?	□ Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	<ul> <li>Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</li> </ul>	\$
in some categories, the law limits the amount entitled to priority.	□ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
	<ul> <li>Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier.</li> <li>U.S.C. § 507(a)(4).</li> </ul>	\$
	$\Box$ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	$\Box$ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	□ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	*Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or afte	r the date of adjustment.

	on completing this	Check the a	ppropriate box:			
proof of claim must sign and date it.		I am the c	reditor.			
FRBP 901		□ I am the creditor's attorney or authorized agent.				
lf you file t		□ I am the tr	rustee, or the debtor,	or their authorized agent. Bankruptcy	Rule 3004.	
	ally, FRBP authorizes courts h local rules	🗆 I am a gua	arantor, surety, endor	ser, or other codebtor. Bankruptcy Ru	ıle 3005.	
	what a signature			ignature on this Proof of Claim serves a gave the debtor credit for any paymen		
A person who files a fraudulent claim could be fined up to \$500,000,				n this Proof of Claim and have a reaso	onable belief that the	information is true
imprisone years, or	ed for up to 5	I declare und	der penalty of perjury	that the foregoing is true and correct.		
3571.	33 152, 157, and	Executed on	n date 09/18/2017 MM / DD / YYYY			
		/s/ TOM EDI (Signature) Print the na		ho is completing and signing this c	laim:	
		Name	ТОМ			EDMONDS
			First name	Middle name		Last name
		Title	Bankruptcy Speciali	st		
		Title Company	Internal Revenue Se		gent is a servicer.	
			Internal Revenue Se Identify the corporate s	ervice servicer as the company if the authorized ag ence Ave STE 101 M/S 5334-LSM	gent is a servicer.	
		Company	Internal Revenue Se Identify the corporate s 2850 NE Independe Number Stre	ervice servicer as the company if the authorized ag ence Ave STE 101 M/S 5334-LSM	gent is a servicer.	64064-2327
		Company	Internal Revenue Se Identify the corporate s 2850 NE Independe	ervice servicer as the company if the authorized ag ence Ave STE 101 M/S 5334-LSM		64064-2327 ZIP Code

Proof of Claim for Internal Revenue Taxes	Form 410 Attachment
Department of the Treasury/Internal Revenue Service	Case Number
In the Matter of: HOT SPRINGS CATERINGS CO INC	16-21204
300 JOHN Q HAMMONS PKWY STE 900 SPRINGFIELD, MO 65806	Type of Bankruptcy Case CHAPTER 11
Amendment No. 1 to Proof of Claim dated 08/18/2016.	Date of Petition 06/26/2016

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					
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX5501	CORP-INC	12/31/2016	06/05/2017	\$0.00	\$0.00

Total Amount of Unsecured Priority Claims:

\$0.00

## District of Kansas Claims Register

## 16-21204 Hot Springs Catering Co. Inc.

Judge: Robert D. Berger	Chapter: 11	
Office: Kansas City	Last Date to file	claims:
Trustee:	Last Date to file	(Govt):
<i>Creditor:</i> (8541647) Internal Revenue Service PO Box 7346 Philadelphia PA 19101	Claim No: 1 Original Filed Date: 08/19/2016 Original Entered Date: 08/19/2016 Last Amendment Filed: 09/19/2017 Last Amendment Entered: 09/19/2017	Status: Filed by: CR Entered by: Tangerine R Willingham Modified: 09/02/2016
Amount claimed: \$0.00		
Secured claimed: \$0.00		
Priority claimed: \$0.00		
History:		
Details <u>1-1</u> 08/19/2016 Claim Tange	•	venue Service, Amount claimed: \$500.00 (Willingham,
	ided Claim #1 filed by In ingham, Tangerine )	nternal Revenue Service, Amount claimed: \$0.00
Description:		

Remarks: (1-1) NOTE: Entered into the lead case 16-21142 as claim #61

## **Claims Register Summary**

Case Name: Hot Springs Catering Co. Inc. Case Number: 16-21204 Chapter: 11 Date Filed: 06/26/2016 Total Number Of Claims: 1

Total Amount Claimed\*\$0.00Total 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	\$0.00	
Administrative		