

Fill in this information to identify the case:

Debtor 1 HAMMONS OF RICHARDSON, LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: _____ District of KANSAS
(State)
Case number 16-21208 CH 11 PRE PETITION

FILED
Kansas City KS
JUL 25 2016

Clerk
U.S. Bankruptcy Court

Official Form 410

Proof of Claim

12/15

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 Claim

1. Who is the current creditor?	<u>Tennessee Department of Revenue</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>TDOR c/o Attorney General</u> Name <u>PO Box 20207</u> Number Street <u>Nashville TN 37202-0207</u> City State ZIP Code Contact phone _____ Contact email _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

JQH Ct ID
0014

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 9 9 5

7. How much is the claim? \$ 864.67 Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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 healthcare information.
Taxes

9. Is all or part of the claim secured? No 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 lease? No Yes. Amount necessary to cure any default as of the date of the petition: \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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).

Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ 789.67

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/1/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/18/2016
MM / DD / YYYY

Debbie McAlister
Signature

Print the name of the person who is completing and signing this claim:

Name Debbie D. McAlister
First name Middle name Last name

Title Account Tech I

Company Tennessee Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Deaderick St.
Number Street

Nashville TN 37242-9718
City State ZIP Code

Contact phone (615)532-6332 Email deborah.mcalister@tn.gov

Debtor: HAMMONS OF RICHARDSON, LLC

D/B/A: HAMMONS OF RICHARDSON, LLC
300 S JOHN Q HAMMONS PKWY
SPRINGFIELD, MO 65806-2518

ACCT NO. 319486750
ACCT TYPE FRAN/EXCS2
ENTITY ID 0485995/000



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

HAMMONS OF RICHARDSON, LLC

BANKRUPTCY

HAMMONS OF RICHARDSON, LLC
300 S JOHN Q HAMMONS PKWY
SPRINGFIELD MO 65806-2518

500 STATE AVE
KANSAS CITY KS 66101

Docket No.: 16-21208

Chapter: 11

Date Petition Filed: June 26, 2016

First Creditors Meeting: August 1, 2016

Business Closure Date:

0485995/000
319486750
FRAN/EXCS2

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	01-01-13	\$39.71	\$0.00	\$0.00	\$0.49	\$40.20
1	DLNQ	01-01-15	\$500.00	\$75.00	\$0.00	\$7.39	\$582.39
1	DLNQ	01-01-16	\$242.08	\$0.00	\$0.00	\$0.00	\$242.08
TOTALS			\$781.79	\$75.00	\$0.00	\$7.88	\$864.67

RECAP

Audit Balance: \$0.00
Payment Agreement Balance: \$0.00
No Remittance Balance: \$0.00
Estimated Assessments: \$824.47
Underpaid Balance: \$40.20
Returned Checks: \$0.00

Penalty and interest calculated through 06-26-16

GRAND TOTAL: \$864.67


Preparer's Signature

July 18, 2016
Date

District of Kansas Claims Register

[16-21142 John Q. Hammons Fall 2006, LLC](#)

Judge: Robert D. Berger **Chapter:** 11
Office: Kansas City **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (8533213) Tennessee Department of Revenue TDOR c/o Attorney General PO Box 20207 Nashville, TN 37202-0207	Claim No: 35 <i>Original Filed</i> Date: 08/07/2016 <i>Original Entered</i> Date: 08/07/2016	Status: Filed by: CR Entered by: Terri Marshall Modified:
Amount claimed: \$864.87		
Priority claimed: \$789.67		

History:

Details	35-1	08/07/2016 Claim #35 filed by Tennessee Department of Revenue, Amount claimed: \$864.87 (Marshall, Terri)
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Description: (35-1) Taxes (21208: Hammons of Richardson LLC)

Remarks: (35-1) KSB Filed 7/25/16; ECF by Claims Agent 8/7/2016

Claims Register Summary

Case Name: John Q. Hammons Fall 2006, LLC
Case Number: 16-21142
Chapter: 11
Date Filed: 06/26/2016
Total Number Of Claims: 1

Total Amount Claimed*	\$864.87
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		
Priority	\$789.67	
Administrative		