

Fill in this information to identify the case:Debtor 1 TRADEGLOBAL, LLC A DELAWAREDebtor 2
(Spouse, if filing) LIMITED LIABILITY COMPANYUnited States Bankruptcy Court for the: _____ District of NEVADA
(State)Case number 19-15960-BTB**Official Form 410**
Proof of Claim

04/19

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?**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 creditor be sent?**Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)**Where should notices to the creditor be sent?**Internal Revenue Service

Name

P.O. Box 7346

Number Street

Philadelphia PA 19101-7346

City State ZIP Code

Contact phone 1-800-973-0424

Contact email _____

Creditor Number: 10931182Uniform claim identifier for electronic payments in chapter 13 (if you use one)
_____**Where should payments to the creditor be sent? (if different)**Internal Revenue Service

Name

915 2nd Avenue M/S W244

Number Street

Seattle WA 98174

City State ZIP Code

Contact phone (206) 946-3134

Contact email _____

4. Does this claim amend one already filed?☐ No☒ Yes. Claim number on court claims registry (if known) 6Filed on: 10/15/2019

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?☒ No☐ Yes. Who made the earlier filing? _____

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>See Attachment</u>
7. How much is the claim?	\$ <u>1,381.80</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>
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. <u>Taxes</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <div style="margin-left: 40px;"> Nature of property: <input type="checkbox"/> 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. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other. Describe: _____ </div> <div style="margin-left: 40px; margin-top: 20px;"> 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.) </div> <div style="margin-left: 40px; margin-top: 20px;"> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable </div>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property <u>See Attachment</u>

12. Is all or part of the claim entitled to priority under 11 U.S.C. §507(a)?☐ No☒ Yes. Check all that apply:

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

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

☐ Up to \$3,025* 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 \$13,650*) 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

\$ _____

\$ _____

\$ _____

\$ 1,122.96

\$ _____

\$ _____

*Amounts are subject to adjustment on 4/01/22 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 02/04/2020
MM / DD / YYYY

/s/ PRISCILLA BURKS
(Signature)

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

Name PRISCILLA BURKS
First name Middle name Last name

Title Bankruptcy Specialist

Company Internal Revenue Service
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 915 2nd Avenue M/S W244
Number Street

Seattle WA 98174
City State ZIP Code

Contact Phone (206) 946-3134 Email: _____

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

In the Matter of: TRADEGLOBAL, LLC A DELAWARE
LIMITED LIABILITY COMPANY
7650 W. COURTNEY CAMPBELL CAUSEWAY
SUITE 1200
TAMPA, FL 33607

Case Number

19-15960-BTB

Type of Bankruptcy Case
CHAPTER 11

Date of Petition
09/16/2019

Amendment No. 3 to Proof of Claim dated 10/08/2019.

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-XXX3961	EXCISE	09/30/2016	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2016	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2017	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2017	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2017	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2018	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2018	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2018	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	PENSION	12/31/2018	12/23/2019	\$87.31	\$0.00
XX-XXX3961	EXCISE	03/31/2019	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	06/30/2019	01/06/2020	\$1,029.00	\$6.65
				<u>\$1,116.31</u>	<u>\$6.65</u>

Total Amount of Unsecured Priority Claims:

\$1,122.96

Unsecured General Claims

<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-XXX3961	WT-FICA	09/30/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	12/31/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	FUTA	12/31/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	03/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	06/30/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	09/30/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	FUTA	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2015	/ Per Records/Debtor	\$0.00	\$0.00

1 INFORMATION FROM DEBTOR OR RETURN RECEIVED THAT IS NOT YET ASSESSED. THIS CLAIM MAY BE AMENDED AS NECESSARY UPON ASSESSMENT OF THE LIABILITY OR EXAMINATION OF DEBTOR TAX RETURN.

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

In the Matter of: TRADEGLOBAL, LLC A DELAWARE
LIMITED LIABILITY COMPANY
7650 W. COURTNEY CAMPBELL CAUSEWAY
SUITE 1200
TAMPA, FL 33607

Case Number

19-15960-BTB

Type of Bankruptcy Case
CHAPTER 11

Date of Petition
09/16/2019

Amendment No. 3 to Proof of Claim dated 10/08/2019.

Unsecured General Claims (Continued from Page 1)

<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-XXX3961	EXCISE	09/30/2015	/ Per Records/Debtor		\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2015	/ Per Records/Debtor		\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2016	/ Per Records/Debtor		\$0.00	\$0.00
					<u>\$0.00</u>	<u>\$0.00</u>

Penalty to date of petition on unsecured priority claims (including interest thereon) \$258.84

Total Amount of Unsecured General Claims:

\$258.84

District of Nevada Claims Register

[19-15960-mkn TRADEGLOBAL, LLC, A DELAWARE LIMITED LIABILITY COM](#)

Judge: MIKE K. NAKAGAWA

Chapter: 11

Office: Las Vegas

Last Date to file claims: 01/22/2020

Trustee:

Last Date to file (Govt): 03/16/2020

Creditor: (10931182)
Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

Claim No: 6
Original Filed
Date: 10/15/2019
Original Entered
Date: 10/15/2019
Last Amendment
Filed: 02/05/2020
Last Amendment
Entered: 02/05/2020

Status:
Filed by: CR
Entered by: IRSPOC2
INTERNAL REVENUE
SERVICE
Modified:

Amount claimed: \$1381.80

Secured claimed: \$0.00

Priority claimed: \$1122.96

History:

- [Details](#) [6-1](#) 10/15/2019 Claim #6 filed by Internal Revenue Service, Amount claimed: \$12309.31 (INTERNAL REVENUE SERVICE, IRSPOC2)
- [Details](#) [6-2](#) 12/03/2019 Amended Claim #6 filed by Internal Revenue Service, Amount claimed: \$1050.53 (INTERNAL REVENUE SERVICE, IRSPOC2)
- [Details](#) [6-3](#) 02/04/2020 Amended Claim #6 filed by Internal Revenue Service, Amount claimed: \$1137.84 (INTERNAL REVENUE SERVICE, IRSPOC2)
- [Details](#) [6-4](#) 02/05/2020 Amended Claim #6 filed by Internal Revenue Service, Amount claimed: \$1381.80 (INTERNAL REVENUE SERVICE, IRSPOC2)

Description:

Remarks:

Claims Register Summary

Case Name: TRADEGLOBAL, LLC, A DELAWARE LIMITED LIABILITY COM

Case Number: 19-15960-mkn

Chapter: 11

Date Filed: 09/16/2019

Total Number Of Claims: 1

Total Amount Claimed*	\$1381.80
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	\$1122.96	
Administrative		

Fill in this information to identify the case:Debtor 1 TRADEGLOBAL, LLC A DELAWAREDebtor 2
(Spouse, if filing) LIMITED LIABILITY COMPANYUnited States Bankruptcy Court for the: _____ District of NEVADA
(State)Case number 19-15960-BTB**Official Form 410**
Proof of Claim

04/19

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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?**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 creditor be sent?**Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)**Where should notices to the creditor be sent?**Internal Revenue Service

Name

P.O. Box 7346

Number Street

Philadelphia PA 19101-7346
City State ZIP CodeContact phone 1-800-973-0424

Contact email _____

Creditor Number: 10931182Uniform claim identifier for electronic payments in chapter 13 (if you use one)
_____**Where should payments to the creditor be sent? (if different)**Internal Revenue Service

Name

915 2nd Avenue M/S W244

Number Street

Seattle WA 98174
City State ZIP CodeContact phone (206) 946-3134

Contact email _____

4. Does this claim amend one already filed?☐ No☒ Yes. Claim number on court claims registry (if known) 6Filed on: 10/15/2019

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?☒ No☐ Yes. Who made the earlier filing? _____

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>See Attachment</u>
7. How much is the claim?	\$ <u>1,137.84</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>
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. <u>Taxes</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <div style="margin-left: 40px;"> Nature of property: <input type="checkbox"/> 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. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other. Describe: _____ </div> <div style="margin-left: 40px; margin-top: 20px;"> 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.) </div> <div style="margin-left: 40px; margin-top: 20px;"> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable </div>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property <u>See Attachment</u>

12. Is all or part of the claim entitled to priority under 11 U.S.C. §507(a)?☐ No☒ Yes. Check all that apply:

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

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

☐ Up to \$3,025* 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 \$13,650*) 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

\$ _____

\$ _____

\$ _____

\$ 1,137.84

\$ _____

\$ _____

*Amounts are subject to adjustment on 4/01/22 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 02/03/2020
MM / DD / YYYY

/s/ PRISCILLA BURKS
(Signature)

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

Name PRISCILLA BURKS
First name Middle name Last name

Title Bankruptcy Specialist

Company Internal Revenue Service
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 915 2nd Avenue M/S W244
Number Street

Seattle WA 98174
City State ZIP Code

Contact Phone (206) 946-3134 Email: _____

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

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LIMITED LIABILITY COMPANY
7650 W. COURTNEY CAMPBELL CAUSEWAY
SUITE 1200
TAMPA, FL 33607

Case Number

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Type of Bankruptcy Case
CHAPTER 11

Date of Petition
09/16/2019

Amendment No. 2 to Proof of Claim dated 10/08/2019.

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>
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XX-XXX3961	EXCISE	03/31/2017	/ Per Records/Debtor	\$0.00	\$0.00
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XX-XXX3961	EXCISE	09/30/2018	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2018	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	PENSION	12/31/2018	12/23/2019	\$87.31	\$0.00
XX-XXX3961	EXCISE	03/31/2019	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	06/30/2019	/ Per Records/Debtor	\$1,029.00	\$21.53
				<u>\$1,116.31</u>	<u>\$21.53</u>

Total Amount of Unsecured Priority Claims:

\$1,137.84

Unsecured General Claims

<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>
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XX-XXX3961	FUTA	12/31/2013	/ Per Records/Debtor	\$0.00	\$0.00
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XX-XXX3961	EXCISE	03/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
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XX-XXX3961	WT-FICA	09/30/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	FUTA	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2015	/ Per Records/Debtor	\$0.00	\$0.00

1 INFORMATION FROM DEBTOR OR RETURN RECEIVED THAT IS NOT YET ASSESSED. THIS CLAIM MAY BE AMENDED AS NECESSARY UPON ASSESSMENT OF THE LIABILITY OR EXAMINATION OF DEBTOR TAX RETURN.

Proof of Claim for Internal Revenue Taxes

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XX-XXX3961	EXCISE	03/31/2016	/ Per Records/Debtor		\$0.00	\$0.00
					<u>\$0.00</u>	<u>\$0.00</u>

Total Amount of Unsecured General Claims:

\$0.00

District of Nevada Claims Register

[19-15960-mkn TRADEGLOBAL, LLC, A DELAWARE LIMITED LIABILITY COM](#)

Judge: MIKE K. NAKAGAWA

Chapter: 11

Office: Las Vegas

Last Date to file claims: 01/22/2020

Trustee:

Last Date to file (Govt): 03/16/2020

Creditor: (10931182)
Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

Claim No: 6
Original Filed
Date: 10/15/2019
Original Entered
Date: 10/15/2019
Last Amendment
Filed: 02/05/2020
Last Amendment
Entered: 02/05/2020

Status:
Filed by: CR
Entered by: IRSPOC2
INTERNAL REVENUE
SERVICE
Modified:

Amount claimed: \$1381.80

Secured claimed: \$0.00

Priority claimed: \$1122.96

History:

[Details](#) [6-1](#) 10/15/2019 Claim #6 filed by Internal Revenue Service, Amount claimed: \$12309.31 (INTERNAL REVENUE SERVICE, IRSPOC2)

[Details](#) [6-2](#) 12/03/2019 Amended Claim #6 filed by Internal Revenue Service, Amount claimed: \$1050.53 (INTERNAL REVENUE SERVICE, IRSPOC2)

[Details](#) [6-3](#) 02/04/2020 Amended Claim #6 filed by Internal Revenue Service, Amount claimed: \$1137.84 (INTERNAL REVENUE SERVICE, IRSPOC2)

[Details](#) [6-4](#) 02/05/2020 Amended Claim #6 filed by Internal Revenue Service, Amount claimed: \$1381.80 (INTERNAL REVENUE SERVICE, IRSPOC2)

Description:

Remarks:

Claims Register Summary

Case Name: TRADEGLOBAL, LLC, A DELAWARE LIMITED LIABILITY COM

Case Number: 19-15960-mkn

Chapter: 11

Date Filed: 09/16/2019

Total Number Of Claims: 1

Total Amount Claimed*	\$1381.80
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	\$1122.96	
Administrative		

Fill in this information to identify the case:Debtor 1 TRADEGLOBAL, LLC A DELAWAREDebtor 2
(Spouse, if filing) LIMITED LIABILITY COMPANYUnited States Bankruptcy Court for the: _____ District of NEVADA
(State)Case number 19-15960-BTB**Official Form 410**
Proof of Claim

04/19

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?**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 creditor be sent?**Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)**Where should notices to the creditor be sent?**Internal Revenue Service

Name

P.O. Box 7346

Number Street

Philadelphia PA 19101-7346
City State ZIP CodeContact phone 1-800-973-0424

Contact email _____

Creditor Number: 10931182Uniform claim identifier for electronic payments in chapter 13 (if you use one)
_____**Where should payments to the creditor be sent? (if different)**Internal Revenue Service

Name

915 2nd Avenue M/S W244

Number Street

Seattle WA 98174
City State ZIP CodeContact phone (206) 946-3134

Contact email _____

4. Does this claim amend one already filed?☐ No☒ Yes. Claim number on court claims registry (if known) 6Filed on: 10/15/2019

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?☒ No☐ Yes. Who made the earlier filing? _____

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>See Attachment</u>
7. How much is the claim?	\$ <u>1,050.53</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>
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. <u>Taxes</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <div style="margin-left: 40px;"> Nature of property: <input type="checkbox"/> 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. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other. Describe: _____ </div> <div style="margin-left: 40px; margin-top: 20px;"> 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.) _____ </div> <div style="margin-left: 40px; margin-top: 20px;"> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable </div>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property <u>See Attachment</u>

12. Is all or part of the claim entitled to priority under 11 U.S.C. §507(a)?☐ No☒ Yes. Check all that apply:

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

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

☐ Up to \$3,025* 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 \$13,650*) 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

\$ _____

\$ _____

\$ _____

\$ 1,050.53

\$ _____

\$ _____

*Amounts are subject to adjustment on 4/01/22 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 12/02/2019
MM / DD / YYYY

/s/ PRISCILLA BURKS
(Signature)

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

Name PRISCILLA BURKS
First name Middle name Last name

Title Bankruptcy Specialist

Company Internal Revenue Service
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 915 2nd Avenue M/S W244
Number Street

Seattle WA 98174
City State ZIP Code

Contact Phone (206) 946-3134 Email: _____

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

In the Matter of: TRADEGLOBAL, LLC A DELAWARE
LIMITED LIABILITY COMPANY
7650 W. COURTNEY CAMPBELL CAUSEWAY
SUITE 1200
TAMPA, FL 33607

Case Number

19-15960-BTB

Type of Bankruptcy Case
CHAPTER 11

Date of Petition
09/16/2019

Amendment No. 1 to Proof of Claim dated 10/08/2019.

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-XXX3961	EXCISE	09/30/2016	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2016	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2017	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2017	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2017	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2018	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2018	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2018	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2019	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	06/30/2019	/ Per Records/Debtor	\$1,029.00	\$21.53
				<u>\$1,029.00</u>	<u>\$21.53</u>

Total Amount of Unsecured Priority Claims:

\$1,050.53

Unsecured General Claims

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX3961	WT-FICA	09/30/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	12/31/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	FUTA	12/31/2013	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	03/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	06/30/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	09/30/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	WT-FICA	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	FUTA	12/31/2014	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2015	/ Per Records/Debtor	\$0.00	\$0.00
XX-XXX3961	EXCISE	09/30/2015	/ Per Records/Debtor	\$0.00	\$0.00

1 INFORMATION FROM DEBTOR OR RETURN RECEIVED THAT IS NOT YET ASSESSED. THIS CLAIM MAY BE AMENDED AS NECESSARY UPON ASSESSMENT OF THE LIABILITY OR EXAMINATION OF DEBTOR TAX RETURN.

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

In the Matter of: TRADEGLOBAL, LLC A DELAWARE
LIMITED LIABILITY COMPANY
7650 W. COURTNEY CAMPBELL CAUSEWAY
SUITE 1200
TAMPA, FL 33607

Case Number

19-15960-BTB

Type of Bankruptcy Case
CHAPTER 11

Date of Petition

09/16/2019

Amendment No. 1 to Proof of Claim dated 10/08/2019.

Unsecured General Claims (Continued from Page 1)

<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-XXX3961	EXCISE	12/31/2015	/ Per Records/Debtor		\$0.00	\$0.00
XX-XXX3961	EXCISE	03/31/2016	/ Per Records/Debtor		\$0.00	\$0.00
					<u>\$0.00</u>	<u>\$0.00</u>

Total Amount of Unsecured General Claims:

\$0.00

District of Nevada Claims Register

[19-15960-mkn TRADEGLOBAL, LLC, A DELAWARE LIMITED LIABILITY COM](#)

Judge: MIKE K. NAKAGAWA

Chapter: 11

Office: Las Vegas

Last Date to file claims: 01/22/2020

Trustee:

Last Date to file (Govt): 03/16/2020

Creditor: (10931182)
Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

Claim No: 6
Original Filed
Date: 10/15/2019
Original Entered
Date: 10/15/2019
Last Amendment
Filed: 12/03/2019
Last Amendment
Entered: 12/03/2019

Status:
Filed by: CR
Entered by: IRSPOC2
INTERNAL REVENUE
SERVICE
Modified:

Amount claimed: \$1050.53

Secured claimed: \$0.00

Priority claimed: \$1050.53

History:

[Details](#) [6-1](#) 10/15/2019 Claim #6 filed by Internal Revenue Service, Amount claimed: \$12309.31 (INTERNAL REVENUE SERVICE, IRSPOC2)

[Details](#) [6-2](#) 12/03/2019 Amended Claim #6 filed by Internal Revenue Service, Amount claimed: \$1050.53 (INTERNAL REVENUE SERVICE, IRSPOC2)

Description:

Remarks:

Claims Register Summary

Case Name: TRADEGLOBAL, LLC, A DELAWARE LIMITED LIABILITY COM

Case Number: 19-15960-mkn

Chapter: 11

Date Filed: 09/16/2019

Total Number Of Claims: 1

Total Amount Claimed*	\$1050.53
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	\$1050.53	
Administrative		

Fill in this information to identify the case:Debtor 1 TRADEGLOBAL, LLCDebtor 2
(Spouse, if filing) _____United States Bankruptcy Court for the: _____ District of NEVADA
(State)Case number 19-15960-BTB**Official Form 410**
Proof of Claim

04/19

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?**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 creditor be sent?**Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)**Where should notices to the creditor be sent?**Internal Revenue Service

Name

P.O. Box 7346

Number Street

Philadelphia PA 19101-7346

City State ZIP Code

Contact phone 1-800-973-0424

Contact email _____

Creditor Number: 10931182

Uniform claim identifier for electronic payments in chapter 13 (if you use one)

Where should payments to the creditor be sent? (if different)Internal Revenue Service

Name

915 2nd Avenue M/S W244

Number Street

Seattle WA 98174

City State ZIP Code

Contact phone (206) 946-3134

Contact email _____

4. Does this claim amend one already filed?☒ No☐ 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?☒ No☐ Yes. Who made the earlier filing? _____

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>See Attachment</u>
7. How much is the claim?	\$ <u>12,309.31</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>
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. <u>Taxes</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <div style="margin-left: 40px;"> Nature of property: <input type="checkbox"/> 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. <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other. Describe: _____ </div> <div style="margin-left: 40px; margin-top: 20px;"> 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.) </div> <div style="margin-left: 40px; margin-top: 20px;"> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable </div>
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property <u>See Attachment</u>

12. Is all or part of the claim entitled to priority under 11 U.S.C. §507(a)?☐ No☒ Yes. Check all that apply:

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

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

☐ Up to \$3,025* 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 \$13,650*) 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

\$ _____

\$ _____

\$ _____

\$ 10,046.15

\$ _____

\$ _____

*Amounts are subject to adjustment on 4/01/22 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 10/08/2019
MM / DD / YYYY

/s/ PRISCILLA BURKS
(Signature)

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

Name PRISCILLA BURKS
First name Middle name Last name

Title Bankruptcy Specialist

Company Internal Revenue Service
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 915 2nd Avenue M/S W244
Number Street

Seattle WA 98174
City State ZIP Code

Contact Phone (206) 946-3134 Email: _____

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

In the Matter of: TRADEGLOBAL, LLC
7650 W. COURTNEY CAMPBELL CAUSEWAY
SUITE 1200
TAMPA, FL 33607

Case Number

19-15960-BTB

Type of Bankruptcy Case

CHAPTER 11

Date of Petition

09/16/2019

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-XXX3961	EXCISE	09/30/2016	1 Estimated- SEE NOTE	\$759.50	\$109.45
XX-XXX3961	EXCISE	12/31/2016	1 Estimated- SEE NOTE	\$759.50	\$100.76
XX-XXX3961	EXCISE	03/31/2017	1 Estimated- SEE NOTE	\$759.50	\$92.40
XX-XXX3961	EXCISE	09/30/2017	1 Estimated- SEE NOTE	\$908.52	\$90.18
XX-XXX3961	EXCISE	12/31/2017	1 Estimated- SEE NOTE	\$908.52	\$80.17
XX-XXX3961	EXCISE	03/31/2018	1 Estimated- SEE NOTE	\$908.52	\$69.78
XX-XXX3961	EXCISE	09/30/2018	1 Estimated- SEE NOTE	\$1,093.84	\$54.70
XX-XXX3961	EXCISE	12/31/2018	1 Estimated- SEE NOTE	\$1,093.84	\$39.34
XX-XXX3961	EXCISE	03/31/2019	1 Estimated- SEE NOTE	\$1,093.84	\$22.89
XX-XXX3961	EXCISE	06/30/2019	1 Estimated- SEE NOTE	\$1,093.84	\$7.06
				\$9,379.42	\$666.73

Total Amount of Unsecured Priority Claims:

\$10,046.15

Unsecured General Claims

<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-XXX3961	WT-FICA	09/30/2013	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	EXCISE	09/30/2013	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	WT-FICA	12/31/2013	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	EXCISE	12/31/2013	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	FUTA	12/31/2013	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	WT-FICA	03/31/2014	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	EXCISE	03/31/2014	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	WT-FICA	06/30/2014	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	WT-FICA	09/30/2014	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	EXCISE	09/30/2014	1 Estimated- SEE NOTE	\$81.00	\$17.98
XX-XXX3961	WT-FICA	12/31/2014	2 Estimated- SEE NOTE	\$100.00	\$0.00
XX-XXX3961	EXCISE	12/31/2014	1 Estimated- SEE NOTE	\$81.00	\$17.22
XX-XXX3961	FUTA	12/31/2014	2 Estimated- SEE NOTE	\$100.00	\$0.00

1 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

2 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410
Attachment

In the Matter of: TRADEGLOBAL, LLC
7650 W. COURTNEY CAMPBELL CAUSEWAY
SUITE 1200
TAMPA, FL 33607

Case Number

19-15960-BTB

Type of Bankruptcy Case
CHAPTER 11

Date of Petition
09/16/2019

Unsecured General Claims (Continued from Page 1)

<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-XXX3961	EXCISE	03/31/2015	/ Estimated- SEE NOTE	\$81.00	\$16.54
XX-XXX3961	EXCISE	09/30/2015	/ Estimated- SEE NOTE	\$246.00	\$45.73
XX-XXX3961	EXCISE	12/31/2015	/ Estimated- SEE NOTE	\$246.00	\$43.52
XX-XXX3961	EXCISE	03/31/2016	/ Estimated- SEE NOTE	\$246.00	\$41.17
				<u>\$2,081.00</u>	<u>\$182.16</u>

Total Amount of Unsecured General Claims:

\$2,263.16

District of Nevada Claims Register

[19-15960-mkn TRADEGLOBAL, LLC, A DELAWARE LIMITED LIABILITY COM](#)

Judge: MIKE K. NAKAGAWA

Chapter: 11

Office: Las Vegas

Last Date to file claims: 01/22/2020

Trustee:

Last Date to file (Govt): 03/16/2020

Creditor: (10931182)
Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101

Claim No: 6
Original Filed
Date: 10/15/2019
Original Entered
Date: 10/15/2019

Status:
Filed by: CR
Entered by: IRSPOC2
INTERNAL REVENUE
SERVICE
Modified:

Amount claimed: \$12309.31

Secured claimed: \$0.00

Priority claimed: \$10046.15

History:

[Details](#) [6-1](#) 10/15/2019 Claim #6 filed by Internal Revenue Service, Amount claimed: \$12309.31 (INTERNAL REVENUE SERVICE, IRSPOC2)

Description:

Remarks:

Claims Register Summary

Case Name: TRADEGLOBAL, LLC, A DELAWARE LIMITED LIABILITY COM

Case Number: 19-15960-mkn

Chapter: 11

Date Filed: 09/16/2019

Total Number Of Claims: 1

Total Amount Claimed*	\$12309.31
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	\$10046.15	
Administrative		