

United States Bankruptcy Court Southern District of NY **PROOF OF CLAIM**

Name of Debtor: **Jennifer Convertibles, Inc** Case Number: **10-13779**

Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.

Name of creditor (The person or entity to whom the debtor owes money or property): **North Carolina Department of Revenue**

Name and address where notices should be sent:
**Angela C. Fountain Bankruptcy Manager
 Collections Examination Division
 North Carolina Department of Revenue
 P.O. Box 1168
 Raleigh, NC 27602-1168**

Telephone number: (919) 733-4027

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.

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: _____

Check here replaces a previously filed claim, dated 7/20/2010
 amends

1. Basis for Claim

Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other _____

RECEIVED
AUG 26 2010
BMC GROUP

Retiree benefits as defined in 11 U.S.C. 1114(a)
 Wages, salaries and compensation (fill out below)
 Last four digits of SS #: _____
 Unpaid compensation for services performed
 from _____ to _____
 (date) (date)

2. Date debt was incurred: _____ **3. If court judgment, date obtained:** _____

4. Total Amount of Claim at Time Case File

<u>\$140.86</u>	<u>\$7,409.01</u>	<u>\$7,549.87</u>
(unsecured)	(secured)	(Total)
	(priority)	

If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statements of all interest or additional charges.

5. Secured Claim.

Check this box if your claim is secured by collateral (including a right of setoff).
 Brief Description of Collateral
 Real Estate Motor Vehicle
 Other Tax Lien
 Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Nonpriority Claim. \$140.86

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim

Amount entitled to priority \$7,409.01
 Specify the priority of the claim: _____

Wages, salaries, or commissions (up to \$4,650)* earned within 90 days before filing of the bankruptcy or cessation of the debtor's business, whichever is earlier - 11 U.S.C. 507(a)(3).
 Contributions to an employee benefit plan - 11 U.S.C. 507(a)(4).
 Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. 507(a)(6).
 Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. 507(a)(7).
 Taxes or penalties owed to government units - 11 U.S.C. 507(a)(8).
 Other - specify applicable paragraph of 11 U.S.C. 507(a)()

*Amounts are subject to adjustments on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.


9. Supporting Documents: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date: August 18, 2010

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
Angela C. Fountain

Jennifer Convertibles



00039

**NC DEPARTMENT OF REVENUE
CLAIM EXHIBIT
UNSECURED PRIORITY CLAIM**

ID No. 112824646

ID Re: Jennifer Convertibles, Inc
417 Croosways Park Drive
Woodbury NY, 11797

Pre-Petition Through-Date: 7/18/2010

Entity ID for Specific Account	Tax Schedule	Account ID Number	Project Collect Period	Tax Period	Date Assessed	Tax Due	Pre-Petition Interest	Payment Received	Balance Due
I/112824646	Sales & Use	600050397	<input type="checkbox"/>	April 07		\$7,922.75	\$0.00	\$1,922.75	\$6,000.00
I/112824646	Sales & Use	600050397	<input type="checkbox"/>	May 09		\$6,009.65	\$0.39	\$4,601.03	\$1,409.01
Grand Totals						\$13,932.40	\$0.39	\$6,523.78	\$7,409.01

**NC DEPARTMENT OF REVENUE
CLAIM EXHIBIT
UNSECURED GENERAL CLAIM**

ID No. 112824646

ID Re: Jennifer Convertibles, Inc
417 Croosways Park Drive
Woodbury NY, 11797

Entity ID for Specific Account	Tax Schedule	Account ID Number	Project Collect Period	Tax Period	Date Assessed	Tax Due	Pre-Petition Penalty	Payment Received	Balance Due
1/112824646	Sales & Use	600005039	<input type="checkbox"/>	May 09		\$0.00	\$140.86	\$0.00	\$140.86
Grand Totals						\$0.00	\$140.86	\$0.00	\$140.86