

UNITED STATES BANKRUPTCY COURT S DIST OF NY - NEW YORK PROOF OF CLAIM

Name of Debtor: **JENNIFER CONVERTIBLES INC** Case Number: 10-13779 ALG

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 other entity to whom the debtor owes money or property):
GEORGIA DEPARTMENT OF REVENUE

Name and address where notices should be sent:
**GEORGIA DEPARTMENT OF REVENUE
COMPLIANCE DIVISION
BANKRUPTCY SECTION
P.O. BOX 161108
ATLANTA, GEORGIA 30321**

Telephone number: **(404) 968-0410**

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

**RECEIVED
DEC 14 2010
BMC GROUP**

Telephone number: _____

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: **\$3,405.45**

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

2. Basis for Claim: State taxes (see attachment)

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

3. Last four digits of any number by which creditor identified debtor: **4646**

3a. Debtor may have scheduled account as:

Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

4. Secured Claim

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe:

Value of Property: **Annual Interest Rate: 12.00 %**

Amount of arrearage and other charges as of time case filed included in secured claim, if any: **Basis for perfection: O.C.G.A. § 48-2-56**

Amount of Secured Claim: \$ **Amount Unsecured: \$**

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,600* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

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

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

7. 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 summary.

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(___).

**Amount entitled to priority:
\$1,932.52**

8. Service: Your original claim must be filed with the Bankruptcy Court. A full, complete copy must be mailed to the trustee and to the debtor's attorney.

* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: **12/9/2010**

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

Jennifer Convertibles

Eunice Nicholson
Eunice Nicholson - Authorized Representative



Debtor Name: JENNIFER CONVERTIBLES
INC

Case Number: 10-13779 ALG

Petition Date: 18-Jul-2010

P - Priority Unsecured, S - Secured, U - General Unsecured

Tax Type	Account Id	Period	Tax	Interest	Penalty	Other	Note
JENNIFER CONVERTIBLES INC							
Sales	301-688085	06/30/2006	(P) \$1,200.00	(P) \$576.00	(U) \$300.00	\$0.00	Estimated
Wth Payroll	1944096-AL	06/30/2005	\$0.00	(P) \$17.36	(U) \$111.81	\$0.00	Return
Wth Payroll	1944096-AL	09/30/2005	\$0.00	(P) \$20.64	(U) \$128.20	\$0.00	Return
Wth Payroll	1944096-AL	12/31/2005	\$0.00	(P) \$24.26	(U) \$146.30	\$0.00	Return
Wth Payroll	1944096-AL	03/31/2006	\$0.00	(P) \$18.69	(U) \$118.45	\$0.00	Return
Wth Payroll	1944096-AL	06/30/2006	\$0.00	(P) \$18.40	(U) \$117.01	\$0.00	Return
Wth Payroll	1944096-AL	09/30/2006	\$0.00	(P) \$17.12	(U) \$110.62	\$0.00	Return
Wth Payroll	1944096-AL	12/31/2006	\$0.00	(P) \$19.49	(U) \$122.45	\$0.00	Return
Wth Payroll	1944096-AL	06/30/2007	\$0.00	(P) \$20.56	(U) \$152.80	\$0.00	Return
Wth Payroll	1944096-AL	12/31/2008	\$0.00	\$0.00	(U) \$25.00	\$0.00	Return
Wth Payroll	1944096-AL	12/31/2009	\$0.00	\$0.00	(U) \$79.71	\$0.00	Return
Wth Payroll	1944096-AL	03/31/2010	\$0.00	\$0.00	(U) \$60.58	\$0.00	Return