

NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number

TRUMBULL SERVICES, LLC

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al		Your claim is scheduled as follows: Class NOT SCHEDULED Amount NOT SCHEDULED 11551986 This Space is for Court Use Only
Case Numbers 02-02462 through 02-02499		
Name of Debtor (see attached for complete list of debtors) KMART CORPORATION		Case Number: 02-02474
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) 09 3259002 DPISANTO, DOMINA 3021 OAK AVE #8 MIAMI, FL 33133		<input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
If address differs from above, please complete the following: Creditor Name Address City St Zip		Telephone #
Account or other number by which creditor identifies debtor 38-0729500 (TAX ID #)		<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C §1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # 590-43-2834 Unpaid compensation for services performed from 5-11-00 to 5-24-00 (date) (date)
2. Date debt was incurred: 5-24-00		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 348.00 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral \$		6. Unsecured Priority Claim <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 348.00 Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C §507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C § 507(a)()
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		This Space is for Court Use Only SM # 5053 4-12-02 B...
8. 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.		
9. 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 4-7-01	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) Domina D'Isanto Domina D'Isanto	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571		



KMART CORPORATION
3100 WEST BIG BEAVER
TROY, MICHIGAN 48064-3163

CHECK NO 004823995
CHECK DATE 05/19/00
PERIOD ENDING 05/10/00
PAY FREQUENCY BIWEEKLY

Kmart Corporation

D'ISANTO, DOMINA
3021 OAK AVE #8
MIAMI, FL 33133

ID NUMBER: 4590432834 FED: SINGLE 00
BASE RATE: 6 0000 ST1: 00
SSN: 590-43-2834 ST2: 00

STATUS EXEMPT TAX ADJUSTMENTS
FED: ST
DI/UC.
LOCAL

STATE AND LOCAL CODES
PRI FL LOC1 LOC3
SEC LOC2 LOC4
LOC6

IMPORTANT MESSAGE

HOURS AND EARNINGS

TAXES AND DEDUCTIONS

SPECIAL INFORMATION

DESCRIPTION	CURRENT		Y-T-D	
	HOURS/UNITS	EARNINGS	HOURS/UNITS	EARNINGS
REGULAR	67 25	403 50	253 75	1522 50
COMMISSION				3 50
TOTAL H/E	67 25	403 50	253 75	1526 00
	PRE-TAX TTFFMS			

DESCRIPTION	CURRENT	Y-T-D
	AMOUNT	AMOUNT
SO SEC TAX	25 01	94 81
MEDICARE TAX	5 85	22 13
FED INC TAX	45 24	152 48
TOTAL TAXES	76 10	269 20
AFTER-TAX DEDUCTIONS		

LAST
PAY CHECK
RECEIVED

TOTAL	67 25	403 50	253 75	1526 00	TOTAL PER DED	
	GROSS	PRE-TAX	TAXABLE WAGES	LESS TAXES	LESS DED	EQ NET PAY
CURRENT	403 50	.00	403 50	76 10	.00	327 40
Y-T-D	1526 00	.00	1526 00	269 20	.00	1256 80

Statement of Earnings ▼ Detach at perforation below and

1,874 (w 2 statement)
- 1,526
\$348.00
(amount of wages never received)

WAGES

DESCRIPTION

AMOUNT BOX

Annual Wages	1874.00	1
Soc. Security Wages	1874.00	3
Medicare Wages	1874.00	5
State Wages	1874.00	17
Local Wages	0.00	20
Benefit Adj.	0.00	13
	0.00	14
	0.00	14

WITHHOLDINGS

DESCRIPTION

AMOUNT BOX

Fed. Income Tax	189.37	2
Soc. Security Tax	116.19	4
Medicare Tax	27.17	6
State Tax	0.00	18
Local Tax	0.00	21

↓ FOLD AND DETACH ↓

a Control Number		1 Wages tips other compensation		2 Federal income tax	
c Employer's name address and ZIP code KMART CORPORATION 3100 W. BIG BEAVER RD. TROY MI 48084		1874.00		189.37	
b Employer's identification number 38-0729500		3 Social security wages 1874.00		4 Social security tax 116.19	
e Employee's name and address DOMINA D'ISANTO 3021 OAK AVE APT 8 MIAMI, FL 33133		5 Medicare wages and tips 1874.00		6 Medicare tax withheld 27.17	
d Employee's social security number 590-43-2834		7 Social security tips 0.00		8 Allocated tips 0.00	
16 State & Employer's state ID FL		9 Advanced EIC payment 0.00		10 Dependent care benefits 0.00	
		11 Nonqualified plans		12 Benefits reported in box 1 0.00	
		13 See notes for box 13 0.00		14 Other 0.00	
		15 Stat emp 0.00		16 Local wages 205 etc 0.00	
		17 State income tax 0.00		18 Local income tax 0.00	
		19 Local name		20 Local wages 205 etc 0.00	
		21 Local name		22 Local income tax 0.00	

State Filing Copy
W2 Wage and Tax Statement 2000
Copy 2 to be filed with Employee's State Income Tax Return OMB No 1545-0008

a Control Number		1 Wages tips other compensation		2 Federal income tax	
c Employer's name address and ZIP code KMART CORPORATION 3100 W. BIG BEAVER RD. TROY MI 48084		1874.00		189.37	
b Employer's identification number 38-0729500		3 Social security wages 1874.00		4 Social security tax 116.19	
e Employee's name and address DOMINA D'ISANTO 3021 OAK AVE APT 8 MIAMI, FL 33133		5 Medicare wages and tips 1874.00		6 Medicare tax withheld 27.17	
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		13 See notes for box 13 0.00		14 Other 0.00	
		15 Stat emp 0.00		16 Local wages 205 etc 0.00	
		17 State income tax 0.00		18 Local income tax 0.00	
		19 Local name		20 Local wages 205 etc 0.00	
		21 Local name		22 Local income tax 0.00	

City or Local Filing Copy
W2 Wage and Tax Statement 2000
Copy 2 to be filed with Employee's City/Local Income Tax Return OMB No 1545-0008

a Control Number		1 Wages tips other compensation		2 Federal income tax	
c Employer's name address and ZIP code KMART CORPORATION 3100 W. BIG BEAVER RD. TROY MI 48084		1874.00		189.37	
b Employer's identification number 38-0729500		3 Social security wages 1874.00		4 Social security tax 116.19	
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		19 Local name		20 Local wages 205 etc 0.00	
		21 Local name		22 Local income tax 0.00	

Employee Reference Copy
W2 Wage and Tax Statement 2000
Return OMB No 1545-0008

FOLD AND DETACH

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