

**NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

Chapter 11

Your claim is scheduled as follows:

Name of Debtor: (see attached for complete list of debtors)

Case Number:

Class

NOT SCHEDULED

Amount

NOT SCHEDULED

10861766

This Space is for Court Use Only

Name of Creditor (The person or other entity to whom the debtor owes money or property):

09 2565906

WATSON, TWANNA L  
9204 EAST 42ND STREET  
INDIANAPOLIS, IN 46235

- 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.

If address differs from above, please complete the following:

Creditor Name:

Telephone: [REDACTED]

Address:

City/St/Zip:

Account or other number by which creditor identifies debtor:

Check here if  replaces  amends a previously filed claim, dated \_\_\_\_\_

**1. Basis for Claim**

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

Retiree benefits as defined in 11 U.S.C. §1114(a)  
 Wages, salaries, and compensation (fill out below)  
 Your SS #: \_\_\_\_\_  
 Unpaid compensation for services performed  
 from 11-02-00 to 03-22-01  
 (date) (date)

**2. Date debt was incurred:**

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:**

\$ \_\_\_\_\_  
 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

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**

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate  Motor Vehicle
- Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

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

**6. Unsecured Priority Claim**

- Check this box if you have an unsecured priority claim.  
 Amount entitled to priority \$ \_\_\_\_\_  
 Specify the priority of the claim:
- 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).
- 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 governmental units - 11 U.S.C. § 507(a)(8).
- 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.

**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.

This Space is for Court Use Only  
**RECEIVED**  
**TRUMBULL SERVICES**  
**COMPANY**  
 4/22/02 AK  
 APR 22 2002  
 9804  
**BANKRUPTCY**

Date: \_\_\_\_\_ 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):

04-15-02 Watson, Twanna L.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

**Debtor**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

**Creditor**

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

**Proof of Claim**

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). Claims are to be mailed to Kmart Corporation, et. al. c/o Trumbull Services Company, LLC, P.O. Box 426, Windsor, CT 06095

**Secured Claim**

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also Unsecured Claim)

**Unsecured Claim**

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

**Unsecured Priority Claim**

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as Unsecured Nonpriority Claims.

**Court, Name of Debtor, and Case Number:**

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Northern District of Illinois), the name of the debtor in the bankruptcy case, and the bankruptcy case number.

**Information about Creditor:**

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

**1. Basis for Claim:**

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

**2. Date Debt Incurred:**

Fill in the date when the debt first was owed by the debtor.

**3. Court Judgments:**

If you have a court judgment for this debt, state the date the court entered the judgment.

**4. Total Amount of Claim at Time Case Filed:**

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

**5. Secured Claim:**

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

**6. Unsecured Priority Claim:**

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

**7. Credits:**

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

**8. Supporting Documents:**

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

Soc. Security Tax 101.67  
 Medicare Tax 23.78  
 State Tax 47.91  
 Local Tax 9.86

FOLD AND DETACH

**W2 Wage and Tax Statement 2000**  
 Copy 2 to be filed with Employer's City/Local Income Tax Return. OMB No. 1545-0046

**a** Control Number  
**b** Employer's name, address, and ZIP code  
 KWART OF INDIANA  
 3100 W. BIG BEAVER RD.  
 TROY MI 48084  
**c** Employer's identification number  
 38-3413374  
**d** Employer's name and address  
 TWANNA L WATSON  
 9204 EAST 42ND STREET  
 INDIANAPOLIS, IN 46235  
**e** Employer's social security number  
 306-78-7122  
**f** State & Employer's state ID  
 IN100517846 001

**1** Wages, tips, other compensation 1639.85  
**2** Federal income tax 37.42  
**3** Social security wages 1639.85  
**4** Social security tax 101.67  
**5** Medicare wages and tips 1639.85  
**6** Medicare tax withheld 23.78  
**7** Social security tips 0.00  
**8** Allocated tips 0.00  
**9** Advanced EIC payment 0.00  
**10** Dependent care benefits 0.00  
**11** Nonqualified plans 0.00  
**12** Benefits included in box 1 0.00  
**13** See instructions for box 13 0.00  
**14** Other 0.00  
**15** Sick emp. 0.00  
**16** Vacation 0.00  
**17** State wages, tips, etc. 1639.85  
**18** State income tax 47.91  
**19** Locality name 49  
**20** Local wages, tips, etc. 1639.85  
**21** Local income tax 9.86

**W2 Wage and Tax Statement 2000**  
 Return OMB No. 1545-0046

Employee Reference Copy

**a** Control Number  
**b** Employer's name, address, and ZIP code  
 KWART OF INDIANA  
 3100 W. BIG BEAVER RD.  
 TROY MI 48084  
**c** Employer's identification number  
 38-3413374  
**d** Employer's name and address  
 TWANNA L WATSON  
 9204 EAST 42ND STREET  
 INDIANAPOLIS, IN 46235  
**e** Employer's social security number  
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**10** Dependent care benefits 0.00  
**11** Nonqualified plans 0.00  
**12** Benefits included in box 1 0.00  
**13** See instructions for box 13 0.00  
**14** Other 0.00  
**15** Sick emp. 0.00  
**16** Vacation 0.00  
**17** State wages, tips, etc. 1639.85  
**18** State income tax 47.91  
**19** Locality name 49  
**20** Local wages, tips, etc. 1639.85  
**21** Local income tax 9.86

## 2001 W2 & EARNINGS SUMMARY

KWART #04196  
 7201 PENDLETON PIKE  
 INDIANAPOLIS, IN 46226  
 141204

**TWANNA WATSON**  
 Social Security #: 306-78-7122

### WAGES

Description	Amount	Box
Annual Wages	3948.48	1
Soc. Security Wages	3948.48	3
Medicare Wages	3948.48	5
State Wages	3948.48	16
Local Wages	3948.48	18
Benefit Adj.		

### WITHHOLDINGS

Description	Amount	Box
Fed. Income Tax	440.58	2
Soc. Security Tax	244.81	4
Medicare Tax	57.25	6
State Tax	134.24	17
Local Tax	27.63	19