

Fill in this information to identify the case:

Debtor 1 <u>Body Contour Ventures, LLC</u>
Debtor 2
(Spouse, if filing)
<u>United States Bankruptcy Court Eastern District of Michigan</u>
Case number: <u>19-42510</u>

FILED
 U.S. Bankruptcy Court
 Eastern District of Michigan
 4/5/2019
 Katherine B. Gullo, Clerk

**Official Form 410
 Proof of Claim**

04/16

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?	<u>ARIZONA DEPARTMENT OF REVENUE</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	Where should payments to the creditor be sent? (if different)
	<u>ARIZONA DEPARTMENT OF REVENUE</u>	_____
	Name	Name
	Office of the Arizona Attorney General c/o Tax, Bankruptcy and Collection Sct 2005 N Central Ave, Suite 100 Phoenix, AZ 85004	
	Contact phone <u>602-542-8811</u>	Contact phone _____
	Contact email <u>BankruptcyUnit@azag.gov</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7898

7. How much is the claim? \$ 3535.26 Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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 healthcare information.
Taxes

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 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*.
 Motor vehicle
 Other. Describe: _____
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.)
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) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 3517.73
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 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 4/5/2019
MM / DD / YYYY

/s/ Mark Steinke

Signature

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

Name Mark Steinke

First name Middle name Last name

Title Bankruptcy Collector

Company Arizona Department of Revenue

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 1600 W. Monroe 7th Floor

Number Street

Phoenix, AZ 85007

City State ZIP Code

Contact phone 602-716-6445 Email msteinke@azdor.gov



STATE OF ARIZONA - PROOF OF CLAIM FOR ARIZONA DEPARTMENT OF REVENUE

United States Bankruptcy Court for the District of Michigan - East (Detroit)

ORIGINAL

In the Matter of: BODY CONTOUR VENTURES LLC

Case Number 19-42510-PJS
Chapter: Bankruptcy Chapter 11
Taxpayer ID: 46-5157898
Tax Type: WTH
Petition Date: 02/22/2019

Table with 2 columns: Description, Amount. Rows: Total Priority: \$3,517.73; Total General Unsecured: \$17.53; Amount Due as of this Statement: \$3,535.26

- 1. The undersigned is the agent of the Arizona Department of Revenue...
2. The Debtor was at the time of the filing of the petition...
3. The amount of all payments on this claim have been credited...
4. The grounds for the liability are for taxes due under the Arizona Revised Statutes.

b. Unsecured Priority under Section 507(a)(8) of the Bankruptcy Code

Table with 6 columns: Tax Type, Memo, Period, Tax, Penalty, Interest, Total. Row 1: WTH, 12/31/2018, \$3,505.05, \$0.00, \$12.68, \$3,517.73. Total Section Priority: \$3,517.73

c. Amounts claimed as Priority under Section 1305

d. Unsecured General Claims

Table with 6 columns: Tax Type, Memo, Period, Tax, Penalty, Interest, Total. Row 1: WTH, 12/31/2018, \$0.00, \$17.53, \$0.00, \$17.53. Total General Unsecured: \$17.53. Amount Due as of this Statement: \$3,535.26

- 5. No note or other negotiable instrument has been received...
6. No judgement has been rendered on this claim, except...
7. The Department may have a right to setoff.
8. Make checks payable to the "ARIZONA DEPARTMENT OF REVENUE".
9. All tax returns shall be filed directly with the Arizona Department of Revenue...

ARIZONA DEPARTMENT OF REVENUE

Signed: _____

Dated: 04/05/2019

Mark Steinke

Office of the Arizona Attorney General
All notices, correspondence, pleadings and payments will be sent to the following address:
c/o: Tax, Bankruptcy and Collection Section
2005 N Central Ave. Suite 100
Phoenix, AZ 85004
Phone: 602-542-1719

Eastern District of Michigan Claims Register

[19-42510-pjs Body Contour Ventures, LLC](#)

Judge: Phillip J Shefferly **Chapter:** 11
Office: Detroit **Last Date to file claims:** 07/01/2019
Trustee: **Last Date to file (Govt):** 09/30/2019

Creditor: (25880079) **Claim No:** 36 *Status:*
ARIZONA DEPARTMENT OF *Original Filed* *Filed by:* CR
REVENUE *Date:* 04/05/2019 *Entered by:* ePOC
Office of the Arizona Attorney *Original Entered* *Modified:*
General *Date:* 04/05/2019

c/o Tax, Bankruptcy and
Collection Sct
2005 N Central Ave, Suite 100
Phoenix, AZ 85004

Amount claimed: \$3535.26

Priority claimed: \$3517.73

History:

[Details](#) [36-1](#) 04/05/2019 Claim #36 filed by ARIZONA DEPARTMENT OF REVENUE, Amount claimed:
\$3535.26 (ePOC)

Description:

Remarks: (36-1) Account Number (last 4 digits):7898

Claims Register Summary

Case Name: Body Contour Ventures, LLC
Case Number: 19-42510-pjs
Chapter: 11
Date Filed: 02/22/2019
Total Number Of Claims: 1

Total Amount Claimed*	\$3535.26
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		
Priority	\$3517.73	
Administrative		