

Fill in this information to identify the case:Debtor 1 Knoxville Laser Spa LLC

Debtor 2 _____

(Spouse, if filing) _____

United States Bankruptcy Court Eastern District of MichiganCase number: 19-42513

FILED

U.S. Bankruptcy Court
Eastern District of Michigan

8/8/2019

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>Tennessee 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? <u>Tennessee Department of Revenue</u> Name c/o Attorney General P.O. Box 20207 Nashville, TN 37202-0207 Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
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? _____	

Official Form 410

Proof of Claim

page 1

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?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">2122</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ 1115.82</div><div>Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>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.</p> <p style="text-align: center;">Taxes</p> <hr/>
9. Is all or part of the claim secured?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div><div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: <hr/></div></div> <p style="margin-top: 20px;">Basis for perfection: <hr/></p> <p>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.)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Value of property:</div><div>\$ <hr/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Amount of the claim that is secured:</div><div>\$ <hr/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Amount of the claim that is unsecured:</div><div>\$ <hr/></div><div style="font-size: small;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ <hr/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div><hr/> %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition.</div><div style="border-bottom: 1px solid black; width: 100px;"></div></div>
11. Is this claim subject to a right of setoff?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property:</div><div style="border-bottom: 1px solid black; width: 300px;"></div></div>

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. <i>Check all that apply.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: right;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ 928.07</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>		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).	\$ 928.07	<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	\$ _____
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* 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

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p style="font-size: small;">If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>8/8/2019</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Deborah McAlister</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name</td> <td colspan="3"><u>Deborah McAlister</u></td> </tr> <tr> <td></td> <td style="width: 25%;">First name</td> <td style="width: 25%;">Middle name</td> <td style="width: 35%;">Last name</td> </tr> <tr> <td>Title</td> <td colspan="3"><u>Account Technician 1</u></td> </tr> <tr> <td>Company</td> <td colspan="3"><u>Tennessee Department of Revenue</u></td> </tr> <tr> <td rowspan="4">Address</td> <td colspan="3" style="font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</td> </tr> <tr> <td colspan="3"><u>500 Deaderick St</u></td> </tr> <tr> <td colspan="3" style="font-size: small;">Number Street</td> </tr> <tr> <td colspan="3"><u>Nashville, TN 37242</u></td> </tr> <tr> <td>Contact phone</td> <td><u>615-532-6332</u></td> <td>Email</td> <td><u>deborah.mcalister@tn.gov</u></td> </tr> </table>	Name	<u>Deborah McAlister</u>				First name	Middle name	Last name	Title	<u>Account Technician 1</u>			Company	<u>Tennessee Department of Revenue</u>			Address	Identify the corporate servicer as the company if the authorized agent is a servicer			<u>500 Deaderick St</u>			Number Street			<u>Nashville, TN 37242</u>			Contact phone	<u>615-532-6332</u>	Email	<u>deborah.mcalister@tn.gov</u>
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Fill in this information to identify the case:

Debtor 1 KNOXVILLE LASER SPA LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for Detroit District of MI
(State)

Case number 19-42513

Pre-Petition Claim**Official Form 410****Proof of Claim**

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>Tennessee Department of Revenue</u> Name of the 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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>TDOR c/o Attorney General</u> Name	_____ Name
	<u>PO Box 20207</u> Number Street	_____ Number Street
	<u>Nashville</u> <u>TN</u> <u>37202-0207</u> City State ZIP Code	_____ City State ZIP Code
	Contact phone _____	Contact phone _____
	Contact email _____	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 the identify the debtor?	<input type="checkbox"/> No.	<input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>**-*2122</u>
7.	How much is the claim?	<u>\$ 1,115.82</u>	Does this amount include interest or other charges? <input type="checkbox"/> No. <input checked="" type="checkbox"/> 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?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.</p> <p>Attach redacted copies of any document supporting the claim required by Bankruptcy Rule 3001(c).</p> <p>Limit disclosed information that is entitled to privacy, such as healthcare information.</p> <p><u>Taxes</u></p>	
9.	Is all of part of the claim secured?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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: \$ _____ <div style="text-align: right; font-size: small;">(The sum of the secured and unsecured amounts should match the amount in line 7.)</div> Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of petition. \$ _____	
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Identify the property: _____	

12.

Is all of part of the claim entitled to priority under 11 U.S.C § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No.☒ Yes. Check all that apply:☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).☐ Wages, salaries, or commissions (up to \$12,475*) 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).☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.**Amount entitled to priority**

\$ 0.00

\$ 0.00

\$ 0.00

\$ 928.07

\$ 0.00

\$ 0.00

* Amounts are subject to adjustment on 4/1/16 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement 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.

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.

I declare under penalty or perjury that the foregoing is true and correct.

Executed on date 08-Aug-2019

MM / DD / YYYY

x

Signature

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

Name

Deborah

First Name

Middle Name

McAlister

Last Name

Title

Accounting Technician 1

Company

Tennessee Department of Revenue

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

Address

500 Deaderick St

Number

Street

Nashville

City

TN

State

37242

ZIP Code

Contact phone

(615) 532-6332

Email

Deborah.McAlister@tn.gov



STATE OF TENNESSEE
DEPARTMENT OF REVENUE

Legal Claims Summary Sheet

August 8, 2019

Letter ID: L0618026240

Taxpayer Name: KNOXVILLE LASER SPA LLC

KNOXVILLE LASER SPA LLC

TAXPAYER'S NAME

KNOXVILLE LASER SPA LLC

BUSINESS NAME

February 22, 2019

DATE PENALTY & INTEREST THROUGH

BUSINESS CLOSURE DATE

19-42513

CASE NUMBER

Chapter 11

CHAPTER #

February 22, 2019

DATE PETITION FILED

1st CREDITORS MEETING

TAX TYPE	ACCT NUMBER	PERIOD END	RTN OR EST	TAX	PENALTY	INTEREST	BALANCE
Franchise/Excise Tax	1001412237-FAE	31-Dec-2017	Return	\$0.00	\$187.75	\$28.07	\$215.82
Franchise/Excise Tax	1001412237-FAE	31-Dec-2018	Estimate	\$900.00	\$0.00	\$0.00	\$900.00
				\$900.00	\$187.75	\$28.07	\$1,115.82

Eastern District of Michigan Claims Register

[19-42513-pjs Knoxville Laser Spa LLC](#)

Judge: Phillip J Shefferly

Chapter: 11

Office: Detroit

Last Date to file claims:

Trustee:

Last Date to file (Govt): 09/30/2019

Creditor: (26092657)
Tennessee Department of
Revenue
c/o Attorney General
P.O. Box 20207
Nashville, TN 37202-0207

Claim No: 2
Original Filed
Date: 08/08/2019
Original Entered
Date: 08/08/2019

Status:
Filed by: CR
Entered by: ePOC
Modified:

Amount claimed: \$1115.82

Priority claimed: \$928.07

History:

[Details](#) [2-1](#) 08/08/2019 Claim #2 filed by Tennessee Department of Revenue, Amount claimed: \$1115.82 (ePOC)

Description:

Remarks: (2-1) Account Number (last 4 digits):2122

Claims Register Summary

Case Name: Knoxville Laser Spa LLC

Case Number: 19-42513-pjs

Chapter: 11

Date Filed: 02/22/2019

Total Number Of Claims: 1

Total Amount Claimed*	\$1115.82
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	\$928.07	
Administrative		