

Fill in this information to identify the case:

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

FILED
 U.S. Bankruptcy Court
 Eastern District of Michigan
 9/24/2019
 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>Missouri 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>Missouri Department of Revenue</u>	_____
	Name	Name
	<u>P.O. Box 475 Jefferson City, MO 65105</u>	
	Contact phone <u>573-751-5531</u>	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>149</u> Filed on <u>09/19/2019</u> 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: 7805

7. How much is the claim? \$ 2376.85 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.
Employer Withholding Tax

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 checked="" type="checkbox"/> No	
	<input 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 type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<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 9/24/2019
MM / DD / YYYY

/s/ Rebecca Henson

Signature

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

Name Rebecca Henson
First name Middle name Last name

Title Legal Aide

Company Missouri Department of Revenue

Address Identify the corporate servicer as the company if the authorized agent is a servicer
P.O. Box 475
Number Street
Jefferson City, MO 65105
City State ZIP Code

Contact phone 573-751-5531 Email _____

PROOF OF CLAIM BY MISSOURI DEPARTMENT OF REVENUE Amended
 AMENDS CLAIM 09/19/2019 IN THE AMOUNT OF \$2,376.85

UNITED STATES BANKRUPTCY COURT

For the **EASTERN** District **MICHIGAN**
IN THE MATTER OF: BODY CONTOUR VENTURES, LLC

Case Number
 19-42510-PJS-11
Taxpayer Identifying Number
 23017805

1. The undersigned, whose address is Box 475, Jefferson City, MO 65105, ph: (573)751-5531 fax: (573)751-7232 is the agent of the Department of Revenue, State of Missouri, and is authorized to make this proof of claim.
2. The basis of liability is taxes due under the revenue laws of the State of Missouri.

ADMINISTRATIVE (request for payment of administrative expenses pursuant to 11 U.S.C. section 503)

Kind of Tax	Tax Period	Tax Due	Interest	Penalty	Total
WITHHOLDING (EST)	02/01/2019 - 02/28/2019	1,863.28	47.75	465.82	2,376.85
					\$2,376.85

3. The amount of all payments on this claim has been credited and deducted for the purpose of making this claim.
4. The Missouri Department of Revenue has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other state or federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.
5. The debtor is indebted to the State of Missouri in the sum of : \$2,376.85

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.

Signature */s/ Becky Henson*

Date: 09/24/2019

Title LEGAL AIDE

For DOR Use Only:
 281493-3b

Case 19-42510-pjs Claim 149-2 Part 2 Filed 09/24/19 Page 1 of 1

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

	Claimed	Allowed
Secured		
Priority		
Administrative		

Fill in this information to identify the case:	
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Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	Eastern District of Michigan
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3. Where should notices and payments to the creditor be sent?	<table border="0"> <tr> <td style="vertical-align: top;"> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) </td> <td style="vertical-align: top;"> Where should notices to the creditor be sent? Missouri Department of Revenue Name P.O. Box 475 Jefferson City, MO 65105 Contact phone <u>573-751-5531</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____ </td> <td style="vertical-align: top;"> Where should payments to the creditor be sent? (if different) Name Contact phone _____ Contact email _____ </td> </tr> </table>	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Missouri Department of Revenue Name P.O. Box 475 Jefferson City, MO 65105 Contact phone <u>573-751-5531</u> 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 _____
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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 9/19/2019
MM / DD / YYYY

/s/ Joanne Talleur

Signature

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

Name	<u>Joanne Talleur</u>
	First name Middle name Last name
Title	<u>Legal Aide</u>
Company	<u>Missouri Department of Revenue</u>
Address	Identify the corporate servicer as the company if the authorized agent is a servicer <u>PO Box 475</u>
	Number Street <u>Jefferson City, MO 65105</u>
	City State ZIP Code
Contact phone	<u>573-751-5531</u> Email _____

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 to 5 years, or both. 18, U.S.C. §§ 152 and 3571.

Signature */s/ Joanne Talleur*

Date: 09/19/2019

Title LEGAL AIDE

For DOR Use Only:
 281493-3a

