

**United States Bankruptcy Court
District of MI (DETROIT)**

PROOF OF CLAIM

In re (Name of Debtor)
OXFORD SUSPENSION INCORPORATED

Case Number
04-74390-SWR-11

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)
INDIANA DEPARTMENT OF REVENUE

Name and Address Where Notices Should be Sent
**INDIANA DEPARTMENT OF REVENUE
BANKRUPTCY SECTION, ROOM N-203
100 NORTH SENATE AVENUE
INDIANAPOLIS, IN 46204**

Telephone No (317) 232-2289

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

FILED

2005 JAN -6 P 2 45

U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
DETROIT

**THIS SPACE IS FOR
COURT USE ONLY**

Account Or Other Number By Which Creditor Identifies Debtor
38-3401332

Check here if this claim replaces amends a previously filed claim dated

1 BASIS FOR CLAIM

Goods sold

Services performed

Money loaned

Personal injury / wrongful death

Taxes

Other (Describe briefly)

Retiree benefits as defined by U S C 1114(a)

Wages, salaries and compensation (Fill out below)
Your social security number _____
Unpaid compensation for services performed
From _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED
SEE ATTACHMENT

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured Nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED

SECURED CLAIM \$0 00
Attach evidence of perfection of security interest
Brief description of Collateral
 Real Estate Motor Vehicle Other (Describe briefly)

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

UNSECURED NONPRIORITY CLAIM \$2 456 51
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

UNSECURED PRIORITY CLAIM \$32 513 25
Specify the priority of the claim

Wages salaries or commissions (up to \$4000) earned not more than 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 \$1950 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 other penalties of governmental units - 11 U S C 507(a)(8)

Other - Specify applicable paragraph of 11 U S C 507(a) _____
Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced after the date of adjustment

| | | | | |
|---|---------------------------|---------------------|---------------------------|------------------------|
| 5 TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED | \$2,456 51 (Unsecured) | \$0 00 (Secured) | \$32 513 25 (Priority) | \$34 969 76 (TOTAL) |
|---|---------------------------|---------------------|---------------------------|------------------------|

Check this box if claim includes charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFF The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim In filing this claim, claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped, self-addressed envelope and copy of this proof of claim

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COURT USE ONLY**

REC'D JAN 13 2005

Date
12/14/2004

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)
NANCY RUSSELL, Tax Analyst
Nancy Russell

Oxford Automotive Inc
00366

WORKING PAPERS

NAME(S) OXFORD SUSPENSION INCORPORATED

FID 38-3401332

PRE-PETITION

SECURED

CASE NUMBER 04-74390-SWR-11

TID

POST-PETITION

UNSECURED

DATE FILED 12/07/2004

TID

CONFIRM DATE

PRIORITY

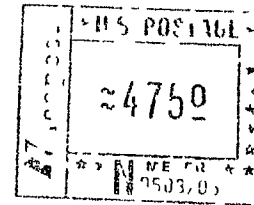
CHAPTER FILED 11

| TID# | TAX TYPE | LIAB NBR | LIAB TYPE | PERIOD ENDING | DUE DATE | PENALTY RATE | BASE TAX | INTEREST | PENALTY | CLERK COST | TOTAL CLAIM |
|------------|----------|--------------|-----------|---------------|------------|--------------|-------------|------------|------------|------------|-------------|
| 0007382596 | WTH | 199903700878 | DIS | 12/31/1999 | 01/20/2000 | 10.00% | \$24,565.15 | \$7,948.10 | \$2,456.51 | \$0.00 | \$34,969.76 |

| | | | | | | | | | | | |
|--------|--|--|--|--|--|--|-------------|------------|------------|--------|-------------|
| TOTALS | | | | | | | \$24,565.15 | \$7,948.10 | \$2,456.51 | \$0.00 | \$34,969.76 |
|--------|--|--|--|--|--|--|-------------|------------|------------|--------|-------------|

Secured Amount \$0.00
 General Unsecured Amount \$2,456.51
 Priority Amount \$32,513.25

OFFICE OF THE BANKRUPTCY CLERK
United States Bankruptcy Court
21st Floor
211 West Fort Street
Detroit, MI 48226



BMG Group
1330 East Franklin Ave
El Segundo Calif. 90245

Attn: Lisa R.

RECD
JAN 13 2005
BMC