B 10 (Official Form 10) (12/07)			
UNITED STATES BANKRUPTCY COURT Eastern District of Virginia		PROOF OF CLAIM	
Name of Debtor: On-Site Sourcing	Case Number 09-1081		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of 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): D.C. TREASURER  Name and address where notices should be sent:  Gov't of the District of Columbia, Office of Tax and Revenue	☐ Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number:		
P.O. Box 37559 Washington, D.C. 20013  Telephone number: (202) 442-6831	(If known)		
Name and address where payment should be sent (if different from above):	anyone el relating t	is box if you are aware that ise has filed a proof of claim o your claim. Attach copy of giving particulars.	
Telephone number:	☐ Check this box if you are the debtor or trustee in this case.		
1. Amount of Claim as of Date Case Filed:  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.		
of Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		priority of the claim.	
2. Basis for Claim: taxes (See instruction #2 on reverse side.)		. §507(a)(1)(A) or (a)(1)(B).	
3. Last four digits of any number by which creditor identifies debtor: 8470  3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)  4. Secured Claim (See instruction #4 on reverse side.)  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	to \$10,95 before fit petition of business,	alaries, or commissions (up 50°) earned within 180 days ling of the bankruptcy or cessation of the debtor's , whichever is earlier – 11 507 (a)(4).	
Nature of property or right of setoff:   Real Estate   Motor Vehicle   Other  Describe:  Value of Property: S Annual Interest Rate%	plan - 11  Dup to \$2, purchase,	ions to an employee benefit U.S.C. §507 (a)(5). 425* of deposits toward lease, or rental of property s for personal, family, or	
Amount of arrearage and other charges as of time case filed included in secured claim,  if any: \$ Basis for perfection:	household use ~ 11 U.S.C. §507 (a)(7).		
Amount of Secured Claim: \$ Amount Unsecured; \$136.75_	Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:	Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().  Amount entitled to priority:  5,014230  *Amounts are rabject to adjustment on 4/1/10 and configuration of the configuration of the configuration of the date of adjustment.		
Date: 1/09 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the on other person authorized to file this claim and state address and telephone number if different from the address above. Attach copy of power of attorney, if any.  Emmanuel Thompkins, Revenue Officer Commanuel Thompkins, Revenue Officer Commanuel Thompkins, Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.	editor or se notice	A DIVISION	

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On-Site Sourcing, Inc.



Case 09-10816-RGM Claim 11-1 Filed 03/09/09 Desc Main Document Page 2 of 2 [

## GOVERNMENT OF THE DISTRICT OF COLUMBIA Office of Tax and Revenue

## **Collection Division**

941 North Capitol St, N.W.; 5th Floor; Washington, D.C. 20001

PROOF OF DEBT CLAIM

Chapter	Social Security No. Federal ID No.		Claim Number		
11 Pre-Petition Tax Claim		xxxxx8470	0910816		

Tax Debtor (Name and Address)

On-Site Sourcing

1111 East Main Street Ste. 800

Richmond

, VA 23219

BTN	Тах Туре	SSL No.	Period	Tax	Penalty	Interest	Other	Total	Remarks
xx-xxx8470	Sales & Use		01/09	\$2,735.00	\$136.75	\$2,279.00	\$0.00	\$5,150.75	Failed to file.
		Subtotals	· <del>-</del>	\$2,736.00	\$136.75	\$2,279.00	\$0.00	\$5,150.75	
		Grand Totals		\$2,735.00	\$136.75	\$2,279.00	\$0.00	\$5,150.75	
Interest (	Computed	2/4/2009				Total Debt Claim		\$5,150.75	

## **Eastern District of Virginia Claims Register**

09-10816-RGM On-Site Sourcing, Inc.

Judge: Robert G. Mayer

Chapter: 11

Office: Alexandria

Last Date to file claims:

Trustee:

Last Date to file (Govt): 08/03/2009

Creditor: (8781633) DC treasurer

Claim No: 11 Status: Original Filed Filed by: CR

govt of the District of Colubia Office of Tax and Revenue

Date: 03/09/2009 Original Entered. Entered by: Stewart, Sherri

Washington, DC 20013

POB 37559

Date: 03/11/2009

Modified:

Unsecured claimed: \$5150.75 Total claimed: \$5150.75

History:

Details 11-1 03/09/2009 Claim #11 filed by DC treasurer, total amount claimed: \$5150.75 (Stewart, Sherri )

Description:

Remarks: (11-1) sas

**Claims Register Summary**