



New York State Department of Labor

David A Paterson, Governor

M. Patricia Smith, Commissioner

UNEMPLOYMENT INSURANCE DIVISION

March 16, 2009

CLERK OF COURT
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
200 SOUTH WASHINGTON ST
ALEXANDRIA, VA 22314

FILED
2009 MAR 19 P 2:20
CLERK
US BANKRUPTCY COURT
ALEXANDRIA DIVISION

Re: ON-SITE SOURCING INC
ER# 34-77219
ARRANGEMENT# 09-10816

Dear Sir/Madam:

On 2/9/2009, we sent a Priority Claim for \$3,904.46.

To date we have not received acknowledgement of our claim. Please advise whether or not our claim has been received so we can be assured of being on record.

Please send your reply to the New York State Department of Labor, Unemployment Insurance Division, State Campus, Building #12, Room 256, Albany, New York 12240 to the attention of the undersigned, referring at all times to ER# 34-77219.

Very truly yours,

Lisa Pearson
Tax Compliance Agent 2
(518)485-6100

Enc.
Envelope

RECEIVED
MAR 24 2009
BMC GROUP

On-Site Sourcing, Inc.
00066



**STATE OF NEW YORK
DEPARTMENT OF LABOR**
Unemployment Insurance Division

Governor W. Averell Harriman State Office Building Campus
Building 12, Room 256
Albany, New York 12240

FILED
2009 MAR 19 P 2:20
U.S. BANKRUPTCY COURT
ALEXANDRIA DIVISION

Dated: 02/09/09

**CLERK OF THE COURT
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
200 SOUTH WASHINGTON ST
ALEXANDRIA, VA 22314**

**IN THE MATTER OF:
ON-SITE SOURCING INC
34-77219 4
ARRANGEMENT #09-10816
DEBTOR**

Enclosed is a verified claim of the New York State Department of Labor for unemployment insurance taxes due for the periods and amount shown below. The State of New York claims priority in payment under the provisions of the New York State Unemployment Insurance Law.

Please note on this letter your acknowledgement of receipt of this claim (including the claim number) and return it to the NYS Department of Labor, Unemployment Insurance Division, Insolvency Unit, in the enclosed preaddressed envelope.

Contributions due for the period from: 02/05/06
to and including: 12/31/07
in the amount of \$: \$3,904.46

Indicate Acknowledgement Date

Claim Number Assigned _____

Very truly yours,
Commissioner of Labor

**Lisa Pearson
Tax Compliance Agent 2
Unemployment Insurance Division**

LP:lp
Enc.
cc: MICHAEL A. CONDYLES

STATE OF NEW YORK
DEPARTMENT OF LABOR
Unemployment Insurance Division
Governor W. Averell Harriman State Office Building Campus
Building 12, Room 256
Albany, New York 12240

DATED: 02/09/09

ARRANGEMENT #09-10816
EMPLOYER REG. NO.: 34-772194

**LIQUIDATED PRIORITY CLAIM FOR
UNEMPLOYMENT TAXES DUE**

CLERK OF THE COURT
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
200 SOUTH WASHINGTON ST
ALEXANDRIA, VA 22314

IN THE MATTER OF:
ON-SITE SOURCING INC

Lisa Pearson is an agent of the New York State Department of Labor, Unemployment Insurance Division, and is authorized to make this claim on behalf of the Commissioner of Labor of the State of New York pursuant to Article 18 of the Labor Law of the State of New York.

The debtor is liable to the New York State Department of Labor in the sum of \$3,904.46 representing unpaid unemployment insurance taxes. The PRIORITY CLAIM for this debt, with interest computed to the date of petition, is as follows:

PERIOD FROM/TO	A/E	Contributions	Section 581D Assessment	Accrued Interest	Posted Interest	Penalty	WARRANT/SECURED
02/05/06-03/31/06	A	\$741.63		\$245.48			<input type="checkbox"/>
04/01/06-06/30/06	A	\$622.41		\$187.35			<input type="checkbox"/>
07/01/06-09/30/06	A	\$223.06		\$60.45			<input type="checkbox"/>
10/01/06-12/31/06	A	\$114.80		\$27.67			<input type="checkbox"/>
01/01/07-03/31/07	A	\$936.89		\$197.68			<input type="checkbox"/>
04/01/07-06/30/07	A	\$258.47		\$46.78			<input type="checkbox"/>
07/01/07-09/30/07	A	\$87.02		\$13.14			<input type="checkbox"/>
10/01/07-12/31/07	A	\$126.34		\$15.29			<input type="checkbox"/>
Total:				\$3,904.46			

A - Actual Returns Filed E - Estimated, no return filed

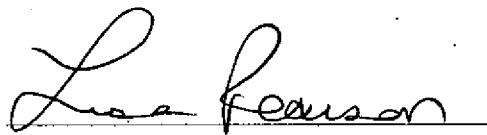
This is in addition to our General Claim for \$4,715.37

No part of this debt has been paid. There are no set-offs or counterclaims.

This claim is asserted as secured for any periods checked by virtue of warrants filed for those periods.

All checks in satisfaction of this claim should be made payable to NYS Unemployment Insurance and forwarded to the NYS Department of Labor, Insolvency Unit, at the address indicated above.

Commissioner of Labor



By: Lisa Pearson
Tax Compliance Agent 2
Unemployment Insurance Division

Indicate Acknowledgement Date

Claim Number Assigned _____

STATE OF NEW YORK
 DEPARTMENT OF LABOR
 Unemployment Insurance Division
 Governor W. Averell Harriman State Office Building Campus
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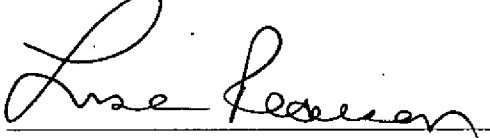
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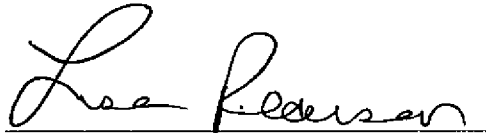
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