

UNITED STATES BANKRUPTCY COURT EASTERN

DISTRICT OF VA

PROOF OF CLAIM

Name of Debtor: ON-SITE SOURCING INC (LEAD)

Case Number 0910816

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): Pennsylvania Department of Revenue

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

Bankruptcy Division PO Box 280946 Harrisburg, PA 17128-0946

Court Claim Number:

Telephone number: (717) 783-8989

U.S. BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA 2009 APR 23 FILED

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement 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: \$ 20,168.00

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.

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.

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.

Specify the priority of the claim.

2. Basis for Claim: Taxes (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §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.)

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).

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.

Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Value of Property: \$ Unknown Annual Interest Rate 8 %

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ 0.00 Basis for perfection:

Amount of Secured Claim: \$ 0.00 Amount Unsecured: \$ 0.00

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.

Other - Specify applicable paragraph of 11 U.S.C. §507(a)().

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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.)

Amount entitled to priority:

\$ 20,168.00

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

If the documents are not available, please explain:

RECEIVED MAY 08 2009 BMC GROUP

Date: 3/26/2009

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

/s/ Linda Simmons, Chief

Linda Simmons

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BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG, PA 17128-0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



March 26, 2009

Virginia (Alx) U.S. Bankruptcy Court
Clerk's Office - Alexandria Div.
Martin V. B. Bostetter, Jr. Courthouse
200 South Washington St.
Alexandria, VA 22314-5405

Case No: 09-10816 VA
ON-SITE SOURCING INC (LEAD)
CORE DISCOVERY

Dear Clerk of Courts:

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance. This represents a claim in the sum of:

\$ 20,168.00

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below. Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope.

Sincerely,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 772-5422
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



March 26, 2009

KIMBERLY A PIERRO
1111 E MAIN ST
SUITE 800
RICHMOND VA 23219-3500

Dear KIMBERLY A PIERRO,

Re:ON-SITE SOURCING INC (LEAD)

Case Number: 0910816

Enclosed is a copy of the proof of claim filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance, Bankruptcy Division. This represents a claim in the sum of:

\$ 20,168.00

Sincerely,

Sandra Youngblood
Bankruptcy Review Sect
Bankruptcy Division
Telephone: (717) 772-5422
Fax: (717) 783-4331

Enclosures



Sandra Youngblood

**SUPPORTING DOCUMENTATION FOR
TAXES DUE THE
COMMONWEALTH OF
PENNSYLVANIA
DEPARTMENT OF REVENUE**

Original Claim
 Amended Claim

This claim supercedes all
Previous claims filed.

Date Amended:

**ON-SITE SOURCING INC (LEAD)
CORE DISCOVERY**

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA**

Petition Filing Date: 02/04/2009
Case Number: 0910816 VA
Chapter: 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth. At this present time of the filing of this proof of claim, the Debtor was indebted to the Commonwealth in the

SUM OF \$20,168.00 for the following:

- State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P.S. 7210
- Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Corporate Net Income Tax
- Capital Stock-Franchise Tax
- Corporate Loans Tax
- Other

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability.

Total secured claim: _____

Pursuant to Section 506(b) of the Bankruptcy Code, post petition interest may be payable.

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability.

Total administrative _____

**UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority
Liabilities existing before petition date.**

See attached statement of account detailing the liability.

Total unsecured priority: \$20,168.00

**UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the
petition filing date.**

See attached statement of account detailing the liability.

Total unsecured non-priority claim: _____

All payments of this claim have been credited and deducted for the purpose of making this proof of claim.

(Representative, Bureau of Compliance)



**BANKRUPTCY
 STATEMENT OF ACCOUNT**

Pet Date: 2/4/2009
 Cause Number: 0910816 VA
 Chapter: 11

Sandra Youngblood

Primary Tax Numbers

Emp Identification Number: 541648470
 Sales Tax License Number: 99622821
 Social Security Number:
 Corp Tax Number: 6648640
 Other Number:

ON-SITE SOURCING INC (LEAD)
 1111 EAST MAIN STREET
 SUITE 800
 RICHMOND VA 23219-3500

Additional Debtors and/or Names SSN EIN
 CORE DISCOVERY 320151780

Note:

| TYPE OF CLAIM | | UNSECURED PRIORITY | Tax Number: | | 6857905 | | |
|-------------------|-----------|-----------------------|----------------|---------------------|---------|---------|-------------|
| TAX TYPE | ESTIMATES | PERIOD COVERED | TAX DEFICIENCY | INTEREST | FEES | PENALTY | BALANCE |
| CT | ✓ | 12/ 01/01/09-02/04/09 | \$300.00 | \$0.00 | \$0.00 | \$0.00 | \$300.00 |
| CT | ✓ | 12/ 2008(02) | \$3,125.00 | \$0.00 | \$0.00 | \$0.00 | \$3,125.00 |
| CT | ✓ | 12/ 2008(03) | \$40.00 | \$0.00 | \$0.00 | \$0.00 | \$40.00 |
| CT | ✓ | 12/ 2008(04) | \$16,703.00 | \$0.00 | \$0.00 | \$0.00 | \$16,703.00 |
| Lien Filing Date: | | County Lien Filed: | | Lien Docket Number: | | | |
| TOTAL | | | \$20,168.00 | \$0.00 | \$0.00 | \$0.00 | \$20,168.00 |

LEGEND:

ST = Sales, Use and Hotel Occupancy Tax
 CT = Corporation Tax
 EMP = Employer Withholding
 AN = Individual Income Tax
 MT = Mass Transit
 MC = Motor Carrier

LF = Liquid Fuels
 OF = Oil Franchise
 PTA = Public Transportation Assistance Act

Personal Income Tax Estimates: Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040. Information can be mailed to debtor or debtor's counsel upon written request, without the need for filing a formal objection. An amended proof of claim may be filed upon the filing of a properly completed and signed PA-40 tax return.

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED.

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE.