

B-10  
6205250 REV 3/96

<b>United States Bankruptcy Court For The Eastern District Of Virginia</b>		<b>PROOF OF CLAIM</b>					
In re (Name of Debtor) <b>On-Site Sourcing, Inc.</b>		Case Number <b>09-10816</b>					
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. Section 503.							
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Virginia Department of Taxation</b>		<input type="checkbox"/> Check if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy or statement giving particulars.  <input type="checkbox"/> Check if you never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check if this address differs from the address on the envelope sent to you by the court.					
Name and Address Where Notices Should Be Sent  <b>Virginia Department of Taxation P.O. Box 2156 Richmond, VA 23218-2156</b>							
Telephone No 804-649-2445							
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends } a previous filed claim dated: _____					
1. BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input type="checkbox"/> Service performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)							
<b>RECEIVED</b>		<input type="checkbox"/> Retiree Benefits as defined in U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and commissions (fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
<b>JUL 13 2009</b>							
<b>BMC GROUP</b>							
2. DATE DEBT WAS INCURRED See Attached		3. IF COURT JUDGEMENT, DATE OBTAINED N/A					
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.							
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe)		<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <b>Unknown</b> Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2,000, 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)) <input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6) <input checked="" type="checkbox"/> Taxes or penalties of government units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - 11 U.S.C. §§ 507(a)(2), (a)(5) - (Describe briefly)					
Amount of arrearage and other charges included in secured claim above if and \$ _____							
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIMS \$ <b>Unknown</b> 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.							
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">\$ <b>Unknown</b> (Unsecured)</td> <td style="text-align: center;">\$ _____ (Secured)</td> <td style="text-align: center;">\$ <b>Unknown</b> (Priority)</td> <td style="border: 1px solid black; text-align: center; width: 150px;">\$ <b>Unknown</b> (Total)</td> </tr> </table>				\$ <b>Unknown</b> (Unsecured)	\$ _____ (Secured)	\$ <b>Unknown</b> (Priority)	\$ <b>Unknown</b> (Total)
\$ <b>Unknown</b> (Unsecured)	\$ _____ (Secured)	\$ <b>Unknown</b> (Priority)	\$ <b>Unknown</b> (Total)				
<input type="checkbox"/> Check if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.							
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY					
7. SUPPORTING DOCUMENT: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence or security interest. 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.							
Date: <b>July 6, 2009</b>	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).  <b>/s/ Jeffrey A Scharf</b> Taxing Authority Consulting Services, P.C., 804-649-2445, info@taxva.com						

Penalty for Presenting Fraudulent Claim: fine of up to \$500,000.00 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 357

Official Form 10

B-10A 6205255

VIRGINIA DEPARTMENT OF TAXATION  
P.O. BOX 2156  
RICHMOND, VIRGINIA 23217-2156

SUMMARY OF UNPAID TAXES ASSESSED IN THE NAME OF

NAME **On-Site Sourcing, Inc.** CASE NO. **09-10816**

Total amount represents tax, penalty and interest due.

<u>Account No.</u>		<u>Tax</u>	
<u>Acct. Name</u>	<u>Status</u>	<u>Period(s)</u>	<u>Amount</u>
Corporate Income Tax	estimate (no return filed)	2008	Unknown
Corporate Income Tax	estimate (under audit)	2007	Unknown

# 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

<i>Creditor:</i> (9032426) Virginia Dept of Taxation PO Box 2156 Richmond, VA 23218	<b>Claim No: 51</b> <i>Original Filed</i> <i>Date:</i> 07/06/2009 <i>Original Entered</i> <i>Date:</i> 07/06/2009	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Scharf, Jeffrey <i>Modified:</i>
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Unknown claimed: \$0.00

**Total claimed: \$0.00**

*History:*

Details 51-1 07/06/2009 Claim #51 filed by Virginia Dept of Taxation, total amount claimed: \$0  
(Scharf, Jeffrey )

*Description:* (51-1) UNKNOWN 07-08 corporate taxes

*Remarks:*

## Claims Register Summary