

B 1 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>Om Site Sourcing, Inc</u>		Case Number: <u>09-10816-RGM</u>
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) <u>New York State Department of Taxation and Finance</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) _____ Filed on _____
Name and address where notices should be sent: <u>New York State Department of Taxation and Finance Bankruptcy Section PO Box 5300 Albany NY 12205-0300 Telephone number: 518 457-3100</u>		<input type="checkbox"/> 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.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above):  Telephone number _____		
1. Amount of Claim as of Date Case Filed: <u>\$ 6,576.34</u>		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.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> 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).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> 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).  <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).  Amount entitled to priority: <u>\$ 6,576.34</u>  *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 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.  <input type="checkbox"/> 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.		
2. Basis for Claim: <u>Sales and Use Tax</u> (See instruction #2 on reverse side)		
3. Last four digits of any number by which creditor identifies debtor: <u>8470</u>  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  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate: %  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
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 instruction 7 and 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:		
Date: <u>2/23/10</u>	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.  <u>[Signature]</u>	
		FOR COURT USE ONLY



**New York State Department of  
Taxation and Finance**

Bankruptcy Section  
P O Box 5300  
Albany NY 12205-0300  
  
(518) 457-3160

Statement date: 2/8/2010

Case number: 09-10816 RGM  
Refer to this number for inquiries

Total claim amount: \$6,576.34

Taxpayer ID#: B-54-1648470-1

**Administrative Expense Tax Liability**

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA  
200 S WASHINGTON ST  
ROOM 206  
ALEXANDRIA, VA 22314


FILED  
 2010 FEB 19 P 2:22  
 US BANKRUPTCY COURT  
 ALEXANDRIA DIVISION

This is a statement of tax liabilities for ON-SITE SOURCING, INC. Additional penalty and interest will accrue if paid after 1/28/2010.

**Administrative Liabilities**

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
SALES	02/28/09	L-032702950-3	4,957.16	991.42	627.76	6,576.34	EST
					Total \$	6,576.34	

Current Annual Interest Rates by Tax Type: Sales and Use - 14.5%  
Liability Type Descriptions: EST - Estimated (No Return Filed)

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# Eastern District of Virginia Claims Register

[09-10816-RGM On-Site Sourcing, Inc.](#) **Converted** 09/28/2009

**Judge:** Robert G. Mayer

**Chapter:** 7

**Office:** Alexandria

**Last Date to file claims:**

**Trustee:** Kevin R. McCarthy

**Last Date to file (Govt):**

<i>Creditor:</i> (8808692) New York State Dept of Taxation and Finance Bankruptcy Section POB 5300 Albany, NY 12205-0300	<b>Claim No: 74</b> <i>Original Filed</i> Date: 03/01/2010 <i>Original Entered</i> Date: 03/01/2010	<i>Status:</i> Filed by: CR Entered by: Chandler, Kimberly Modified:
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Priority claimed: \$6576.34

**Total claimed: \$6576.34**

*History:*

[Details](#) [74-1](#) 03/01/2010 Claim #74 filed by New York State, total amount claimed: \$6576.34  
(Chandler, Kimberly )

*Description:*

*Remarks:* (74-1) kjc

## Claims Register Summary

**Case Name:** On-Site Sourcing, Inc.

**Case Number:** 09-10816-RGM

**Chapter:** 7

**Date Filed:** 02/04/2009

**Total Number Of Claims:** 1

	Total Amount Claimed	Total Amount Allowed
<b>Unsecured</b>		
<b>Secured</b>		
<b>Priority</b>	\$6576.34	
<b>Unknown</b>		
<b>Administrative</b>		
<b>Total</b>	<b>\$6576.34</b>	<b>\$0.00</b>