


<b>United States Bankruptcy Court</b> <u>EASTERN</u> <b>District of</b> <u>VIRGINIA</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>ON-SITE SOURCING, INC.</b>		Case Number <b>09-10816-RGM</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. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>STATE OF FLORIDA - DEPARTMENT OF REVENUE</b>		<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: BANKRUPTCY SECTION CLAIMANTS ATTORNEY POST OFFICE BOX 6668 FREDERICK F. RUDZIK TALLAHASSEE, FLORIDA 32314-6668 P.O. BOX 6668 TALLAHASSEE FL 32314-6668 TELEPHONE (850) 717-6998 TELEPHONE (850)617-8347		
Name and Address where payments should be sent: (if different from above)  Telephone Number: _____		<input type="checkbox"/> Check 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.
1. Amount of Claim as of Date Case Filed: \$ <u>100.00</u> 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 the claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of you 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>100.00</u>
2. Basis for Claim: <u>UNEMPLOYMENT</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 secure claim, If any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ <u>0.00</u> Amount Unsecured: \$ <u>0.00</u>		
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 this 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.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain.		
Claim Comment Text: No return filed for estimated period. Case converted to Chapter 7 on 9/28/09		*Amounts are subject to adjustments on 4/1/10 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: <b>08/17/2011</b>	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.  <div style="text-align: center;"><i>April Long</i></div> APRIL LONG REVENUE SPECIALIST (850)717-6998	
		<b>FOR COURT USE ONLY</b>  On-Site Sourcing, Inc.  00311





Executive Director  
*Lisa Echeverri*

STATE OF FLORIDA  
**DEPARTMENT OF REVENUE**

Bankruptcy Section – Office of General Counsel  
P.O. Box 6668  
Tallahassee, Florida 32399-6668  
(850) 922-9887

General Tax Administration  
Child Support Enforcement  
Property Tax Administration  
Administrative Services  
Information Services

**08/17/2011**

DEAR CLAIMS AGENT

PLEASE ACKNOWLEDGE RECEIPT OF PROOF OF CLAIM IN THE AMOUNT OF **\$100.00**, CLAIM DATED 8/17/11 FOR DEPARTMENT OF REVENUE TAXES BY STAMPING COPY OF CLAIM AND RETURNING IN POSTAGE PAID SELF-ADDRESSED ENVELOPE.

PLEASE INCLUDE CLAIM NUMBER FOR OUR REFERENCE.

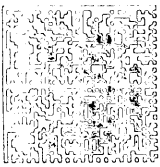
THANK YOU,

STATE OF FLORIDA, DEPARTMENT OF REVENUE  
BANKRUPTCY SECTION  
POST OFFICE BOX 6668  
TALLAHASSEE, FLORIDA 32314-6668

FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0100

BMC GROUP INC  
ATTN: ON SITE CHAPTER 7 CLAIMS  
PROCESSING  
P O BOX 3020  
CHANHASSEN, MN 55317-3020

FIRST CLASS



UNITED STATES POSTAGE  
\$ 00.640  
22 MW AUG 18 2011  
0004257566  
MAILED FROM ZIP CODE 32304

RECEIVED  
AUG 22 2011  
BMC GROUP

553173020 8050

