FORM B10 (Official Form 10) (12/03)

U. S. BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE)

PROOF OF CLAIM

Name of Debtor	Case Number
ORECK DIRECT, LLC	**13-04009**

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):
STATE BOARD OF EQUALIZATION

Name and address where notices should be sent:
STATE BOARD OF EQUALIZATION
SPECIAL OPERATIONS BRANCH, MIC:55
PO BOX 942879
SACRAMENTO CA 94279-0055

Telephone: (916) 445-1122 FAX: (916) 327-0615

☐ 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.
☐ Check box if you have never received any notices from the bankruptcy court in this case.
☒ Check box if the address differs from the address on the envelope sent to you by the court.

FILED
2013 AUG 20 PM 12:14
U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

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Account or other number by which creditor identifies debtor:
SR OH 100-413047

RECEIVED
AUG 21 2013
BMC GROUP

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated:

1. Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☒ Taxes
☐ Other (specify)

☐ Retiree benefits as defined in 11 U.S.C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date(s) debt incurred:
(AS SHOWN ON DATA SUMMARY ATTACHMENT)

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ _____ (unsecured) _____ (secured) 1,275.00 (priority) 1,275.00 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other _____
Value of Collateral: $ _____
Amount of arrearage and other charges at time case filed included in secured claim, if any: $_____

6. Unsecured Nonpriority Claim $ _____
☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.
☒ Check this box if you have an unsecured priority claim
Amount entitled to priority **$ 1,275.00**
Specify the priority of the claim:
☐ Wages, salaries, or commissions (up to $4,650),* earned within 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).
☐ Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(4).
☐ Up to $2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. 507(a)(7).
☒ Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8).
☐ Other – Specify applicable paragraph of 11 U.S.C. § 507(a)(2).
Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-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.

THIS SPACE IS FOR COURT USE ONLY

Date
AUGUST 19, 2013

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): **State Board of Equalization, by**
Amy E. Everson AMY E. EVERSON, Authorized Representative

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3

Oreck POC
09-00017

SH

DATA SUMMARY ATTACHMENT FOR PROOF OF CLAIM OF STATE BOARD OF EQUALIZATION

Debtor	Case Number	Claim Dated
ORECK DIRECT, LLC	13-04009	AUGUST 19, 2013

Account Number	Petition Date	Chapter
SR OH 100-413047	05/06/13	11

SUMMARY OF LIABILITY STATEMENT

CLAIM CLASS	TAX PROGRAM OR REASON	DEBT PERIOD	TAX	INTEREST (calculated to petition or conversion date)	PENALTY	TOTAL
P	1	4/1/13 - 5/5/13	1,275.00			1,275.00
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
TOTALS			1,275.00			1,275.00

LEGEND

CLAIM CLASS

- S - Secured
- P - Unsecured Priority -11 USC 507(a)(8)
- G - Unsecured NON priority (General)
- G1 - Unsecured NON priority- 11 USC 726(a)(4)
- G2 - Unsecured NON priority- 11 USC 726(a)(5)
- GAP - "Gap" Claim – 11 USC 507(a)(2)
- **1305 - 11USC 1305**

TAX PROGRAM OR REASON

1. SALES AND USE TAX
2.
3.
4.
5.
6.

SUMMARY OF TAX LIENS

LIEN CERTIFICATE	DATE RECORDED	COUNTY OR RECORDING AUTHORITY	RECORDING INFORMATION (Document/Instrument #, or Book/Page)	AMOUNT
BE				

The foregoing liens were recorded pursuant to Section 6757 of the California Revenue and Taxation Code and to the extent there is any real or personal property to which the liens created by such recording attach, the amount of the claim in said certificates constitutes a secured claim.

CLAIM MAILING INFORMATION – STATE BOARD OF EQUALIZATION

Debtor	Case Number	Claim Dated
ORECK DIRECT, LLC	13-04009	AUGUST 19, 2013
Account Number	**Petition Date**	**Chapter**
SR OH 100-413047	05/06/13	11

US BANKRUPTCY COURT
PO BOX 24890
701 BROADWAY ROOM 170
NASHSVILLE TN 37203

MIDDLE DISTRICT OF TENNESSEE
Claims Register

3:13-bk-04009 Oreck Direct, LLC

Judge: Keith M Lundin **Chapter:** 11
Office: Nashville **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (5265310) STATE BOARD OF EQUALIZATION SPECIAL OPERATIONS BRANCH MIC:55 PO BOX 942879 SACRAMENTO CA 94279-0055	**Claim No: 17** *Original Filed Date:* 08/20/2013 *Original Entered Date:* 08/20/2013	*Status:* *Filed by:* CR *Entered by:* jlm *Modified:*
Amount claimed: $1275.00		
Priority claimed: $1275.00		

History:

Details	17-1	08/20/2013 Claim #17 filed by STATE BOARD OF EQUALIZATION, Amount claimed: $1275.00 (jlm)

Description:
Remarks:

Claims Register Summary

Case Name: Oreck Direct, LLC
Case Number: 3:13-bk-04009
Chapter: 11
Date Filed: 05/06/2013
Total Number Of Claims: 1

Total Amount Claimed*	$1275.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	$1275.00	
Administrative		