

UNITED STATES BANKRUPTCY COURT <u>MIDDLE</u> DISTRICT OF TN (NASHVILLE)		PROOF OF CLAIM
Name of Debtor: ORECK SALES LLC	Case Number: 3:13-BK-04016	<div style="text-align: center; font-weight: bold;">COURT USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ 5 <i>(If known)</i> Filed on: <u>06/19/2013</u> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Telephone number: 1-800-973-0424 email: _____ Creditor Number: 5164095		
Name and address where payment should be sent (if different from above): Internal Revenue Service 801 BROADWAY M/S MDP 146 NASHVILLE, TN 37203 Telephone Number: (615) 250-6043 email: _____		<div style="font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold;">JUL 30 2013</div>
1. Amount of Claim as of Date Case Filed: <u>\$ 60,638.29</u> BMC GROUP If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Taxes</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <div style="float: right; text-align: right;"> Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$ _____ </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 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: \$ _____ </div> <div style="width: 45%;"> Basis for perfection: _____ Amount of Secured Claim: \$ _____ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Annual Interest Rate ____ % <input type="checkbox"/> fixed or <input type="checkbox"/> variable (when case was filed) </div> <div style="width: 45%;"> Amount Unsecured: \$ _____ </div> </div>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4). </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). </div> </div> <div style="text-align: right; margin-top: 10px;"> Amount entitled to priority: <u>\$ 60,337.45</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). </div> <div style="width: 30%;"> <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). </div> </div>		
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of a payment for the claim is credited for the purpose of making this proof of claim.		

Oreck POC



16-00005-2

7. Documents: Attach are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: JANET GRIECO
Title: Bankruptcy Specialist
Company: Internal Revenue Service

/s/ JANET GRIECO
(Signature)

07/23/2013
(Date)

Address and telephone number (if different from notice address above):

Internal Revenue Service
801 BROADWAY
M/S MDP 146
NASHVILLE, TN 37203

Telephone number: (615) 250-6043

Email:

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: ORECK SALES LLC
565 MARRIOTT DR STE 300
NASHVILLE, TN 37214

Case Number

3:13-BK-04016

Type of Bankruptcy Case
CHAPTER 11

Date of Petition

05/06/2013

Amendment No. 1 to Proof of Claim dated 06/19/2013.

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XX-XXX1421	FUTA	12/31/2012	1 Unassessed-No Return	\$41.05	\$0.32
XX-XXX1421	WT-FICA	03/31/2013	06/24/2013	\$60,166.40	\$29.68
XX-XXX1421	WT-FICA	06/30/2013	2 NOT FILED	\$100.00	\$0.00
				<u>\$60,307.45</u>	<u>\$30.00</u>

Total Amount of Unsecured Priority Claims:

\$60,337.45

Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$300.84

Total Amount of Unsecured General Claims:

\$300.84

1 UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED. WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION AS REQUIRED BY LAW THE CLAIM WILL BE AMENDED

2 THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR BECAUSE THE RETURN HAS NOT BEEN FILED. AS SOON AS THE DEBTOR FILES THE RETURN WITH THE IRS AS REQUIRED BY LAW THIS CLAIM WILL BE ADJUSTED TO REFLECT THE ASSESSED LIABILITY.

MIDDLE DISTRICT OF TENNESSEE

Claims Register

3:13-bk-04016 Oreck Sales, LLC

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

Creditor: (5164095)	Claim No: 5	Status:
INTERNAL REVENUE	Original Filed	Filed by: CR
SERVICE	Date: 06/20/2013	Entered by: JOHN R
POST OFFICE BOX 7346	Original Entered	HALLMAN
PHILADELPHIA, PA 19101-7346	Date: 06/20/2013	Modified:
	Last Amendment	
	Filed: 07/24/2013	
	Last Amendment	
	Entered: 07/24/2013	
Amount claimed: \$60638.29		
Secured claimed: \$0.00		
Priority claimed: \$60337.45		

History:		
Details	5-1	06/20/2013 Claim #5 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$344.28 (HALLMAN, JOHN)
Details	5-2	07/24/2013 Amended Claim #5 filed by INTERNAL REVENUE SERVICE, Amount claimed: \$60638.29 (HALLMAN, JOHN)
Description:		
Remarks:		

Claims Register Summary

Case Name: Oreck Sales, LLC
Case Number: 3:13-bk-04016
Chapter: 11
Date Filed: 05/06/2013
Total Number Of Claims: 1

Total Amount Claimed*	\$60638.29
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	\$0.00	
Priority	\$60337.45	
Administrative		