UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION	**PROOF OF CLAIM**
In re **Sofa Express, Inc**	Case Number **07-09024**

NOTE See Reverse for List of Debtors/Case Numbers/ important details 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 and Address

Elaine Anderson - Williamson County Clerk
PO Box 624
Franklin TN 37065-0624

Creditor Telephone Number ( ) 615 790-5790

☐ 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 or BMC Group in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Name and address where **payment** should be sent (if different from above)

Williamson County Clerk
PO Box 624
Franklin TN 37065-0624 Attn: Mira

☐ Check this box if you are the debtor or trustee in this case

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____ claim number (see reverse) _____

Payment Telephone Number ( ) 615-790-5790

1 AMOUNT OF CLAIM AS OF DATE CASE FILED $ 4,957 35

If all or part of your claim is secured complete item 4c 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 4b

☐ 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 Business tax - Williamson County
(See instruction #2 on reverse side)

3 Last four digits of any number by which creditor identifies debtor 6260
3a Debtor may have scheduled account as Business tax
(See instruction #3 on reverse side)

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM

Total unsecured nonpriority claim $ _____ DO NOT include the priority portion of your unsecured claim here

4b UNSECURED PRIORITY CLAIM

☐ Check this box ONLY if you have an unsecured claim all or part of which is entitled to priority

Total unsecured priority claim $ 4,957 35 Include ONLY the priority portion of your unsecured claim here

You MUST specify the priority of the claim

☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)

☐ 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)

☐ Contributions to an employee benefit plan 11 U S C § 507(a)(5)

☐ 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)

☒ 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) (____)

** 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*

4c SECURED CLAIM (See instruction #4c 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

Total secured claim $ _____ DO NOT include the priority or unsecured portion of your claim here

Nature of property or right of setoff

☐ Real Estate ☐ Motor Vehicle

☐ Other _____

Value of Property $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

5 CREDITS The amount of all payments on this claim has been credited for the purpose of making this proof of claim

6 SUPPORTING DOCUMENTS *Attach redacted copies of supporting documents,* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and redacted copies of evidence of perfection of lien If the documents are not available explain If the documents are voluminous attach a summary (See definition of redacted on reverse side)

FILED

7 DATE-STAMPED COPY DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

MAY 09 2008

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received no later than a) April 15 2008 for Non Governmental Claimants OR b) June 3 2008 for Governmental Units

THIS SPACE FOR COURT USE ONLY

BMC

Sofa Express Inc

00490

BY MAIL TO
Sofa Express Inc
c/o BMC Group
PO Box 1042
El Segundo CA 90245 1042

BY HAND OR OVERNIGHT DELIVERY TO
Sofa Express Inc
c/o BMC Group
444 N Nash Street
El Segundo CA 90245 2822

DATE	SIGNATURE The person filing this claim must sign it Sign and print name and title if any of the creditor or claim and state address and telephone number if different from the notice address above Attach copy of power of attorney if any
5-7-08	Mira V. McClanahan, Tax auditor, Williamson Co Clerk's office

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Mira V. McClanahan

This application along with proper remittance must be received by this office on or before the dates applicable to the classification in which the business is classified or within 20 days after commencement of business for a new business or penalty and interest provided by section 67 4 720 Tennessee Code Annotated will apply

BUSINESS CLOSING

A FINAL REPORT MUST BE FILED WITHIN 15 DAYS OF YOUR LAST DAY OF BUSINESS IN ORDER TO AVOID PENALTY & INTEREST

BUSINESS TAX ACT LICENSE AND TAX REPORT

AS REQUIRED BY SECTION 67 4 715
TENNESSEE CODE ANNOTATED

12622007

Tax Period 04/01/2007 to ~~03/31/2008~~

MAIL RETURNS AND REMITTANCES TO

ELAINE ANDERSON
WILLIAMSON COUNTY CLERK
P O BOX 624
FRANKLIN TN 370650624

Phone 615-790-5732 Fax 615-790-5610

FOR USE BY COUNTY/CITY ONLY

05/06/2008
Date Received

0
Business Tax Receipt Numbers

Class 02 Retail
Class Indicate Retail Wholesale or Both

15.00
Minimum Tax Amount Received

5,235.35
Business Tax
(Excluding Penalty Interest Credits & Fees)

.00
Penalty and Interest

Mailing Address

6260 SOFA EXPRESS, INC
ATTN ACCTS PAYABLE
4600 S HAMILTON RD BX 130
GROVEPORT OH 43125

For Corrections Name of Business Change in Ownership Mailing Address and State Sales Tax No

****UNAUTHORIZED****

Location **SOFA EXPRESS, INC**
8105 MOORES LANE STE 900
BRENTWOOD TN 37027

Account 6260 Owner SOFA EXPRESS, INC Phone #

3 Type of Business Dominant Business Activity (primary product vocation or occupation) FURNITURE
If this is a final report state date business ceased to operate _____ **NOTICE** Penalty and Interest will be Applied if not paid by 05/31/2008

		LOCAL	STATE
1	Total Gross Sales or Services for Tax Period (less Sales Tax)	$ 3,490,236.03	
2	Less Deductions for Business Tax Purposes from Line 12 Schedule A	$	
3	Taxable Gross Sales or Services for Tax Period (line 1 less line 2)	$ 3,490,236.03	
a	Retail Sales 100 00 % of Taxable Gross Sales	$ 3,490,236.03	
b	Wholesales Sales _____ % of Taxable Gross Sales (If greater than 80% put 100% in Wholesale and 0% in Retail) (If less than 20% put 100% in Retail and 0% in Wholesale)	$	
4	Retail Rate of Tax 0 0015000 (if applicable) (Line 3a multiplied by Rate)	$ 5,235 35	
5	Wholesale Rate of Tax 0 0003750 (if applicable) Must be 20% or more of Total Gross (Line 3b multiplied by Rate)	$	
6 a	Preliminary Gross Business Tax Due (line 4 plus line 5)	$ 5,235 35	
b	LESS Minimum License Fee Previously Paid (Former License # 53235) **Limited to amount on line 6a**	$ 15 00	
c	Business Tax Base Prior to Local/State Calculations Line 6a Line 6b (do not enter less than zero)	$ 5,220 35	
7 a	Local 66 67% of Line 6c	$ 3,480 41	
b	State Line 6c less 7a		$ 1,739 94
	Allowable Credits		
8	Less Personal Property Tax (Limited to Local Tax Amount Line 7a) Personal Property Tax Date Pd 01/11/2008 Rec pt # 64972	$ 283 00	
9 a	Tax Local Lines 7a less Line 8 (do not enter less than zero) State enter line 7b	$ 3,197 41	$ 1,739 94
b	Calculate 15% state share of local tax Line 9a (local) times 15%= 9b 479 61		
c	Local & state tax liability Local Line 9a (local) less line 9b State Line 9a (state) plus line 9b	$ 2,717 80	$ 2,219 55
	Important If this return is filed with the proper collecting agencies prior to the delinquency date shown above for the appropriate business class skip to line 12 below If filed late proceed to lines 9d thru 11 to calculate the proper penalty and interest to report		
d	Calculate percentage used to allocate penalty and interest Divide line 9c (Local) by the Sum of amounts (Local & State) Line 9c and enter as a percentage using the format of xx xx% Repeat calculation dividing line 9c (state) by the Sum of amounts (Local & State) line 9c	55 05%	44 95%
10	Penalty (Rate = 5% for each 30 day period or portion thereof for which tax is delinquent (total penalty not to exceed 25%) Calculate total penalty apply rate to sum of amounts (local & state) Line 9c and enter results here (See instructions) (Minimum penalty = $15) Penalty = $ _____		
a	Local Multiply Penalty amount by percentage on line 9d (Local)	$	
b	State Multiply Penalty amount by percentage on line 9d (State)		$
11	Interest (12% x # of days delinquent divided by 365 25 x Line 9c) [Computed daily from date delinquent until paid]	$	$
12	Total Add Lines 9c 10a 10b & 11 (if applicable) From **BOTH** Local & State Columns	$ 2,717 80	$ 2,219 55
13	Collecting and Recording Fees (5$ per location for consolidated return)	$ 5 00	
14	Minimum Tax For Next Period Note Minimum tax is due regardless of amount of credits claimed Line 8 ($15 per location for consolidated return)	$ 15 00	
15	Penalty Add 5% of Line 14 for each 30 day period or portion thereof for which tax is delinquent Not to exceed 25%	$	
16	Interest (12 25% x # of days delinquent divided by 365 25 x Line 14)	$	
17	Total Minimum Tax and Business Tax Sum of amounts in line 12 13 14 15 16 from **Local & State Columns** Make Check for Amount in Line 17	$ 4,957 35	