

United States Bankruptcy Court MIDDLE DISTRICT OF FLORIDA	PROOF OF CLAIM
Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CORP.	Bankruptcy Case NO. #09-07047

RECEIVED
CLERK, U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

NOTE: This form should not be used to make a false claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

OCT 19 2009

A. CREDITOR INFORMATION.

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MIDDLE DISTRICT OF FLORIDA

(The creditor is the person or other entity to whom the debtor owes money or property)

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Name and Address of Creditor R. I. Division of Taxation One Capitol Hill Providence, RI 02908	<input type="checkbox"/> Check box if you never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court <input type="checkbox"/> Check box and attach copy of assignment of claim has been assigned to you
Number by which creditor identifies debtor: 59-3069391 (CORP. TAX)	Check here if the claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously-filed claim dated: <input type="checkbox"/> supplements

B. CLAIM INFORMATION

1. BASIS FOR CLAIM:

<input type="checkbox"/> Goods purchased	<input type="checkbox"/> Wages, Salaries and Commissions (fill out below)
<input type="checkbox"/> Services performed	Your social security number _____ - _____ - _____
<input type="checkbox"/> Monies loaned	Unpaid services performed from _____ to _____
<input type="checkbox"/> Other forms of contract (Identify)	Nature of services (describe briefly)
<input type="checkbox"/> Personal injury/Wrongful death/Property damage	
<input checked="" type="checkbox"/> Other (describe briefly) Taxes	

2. DATE DEBT WAS INCURRED: 4/01, 4/09 & 4/10 CORP. TAX

3. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another-such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF THE CLAIM.

<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 0.00	<input checked="" type="checkbox"/> PRIORITY CLAIM \$ 1,250.00
For the purposes of this form a claim is unsecured if there is no collateral or to the extent the value of collateral is less than the amount of the debt.	Specify the priority of the claim by checking the appropriate box(es) <input type="checkbox"/> Wages, Salaries or commissions (up to \$2,000, earned not more than 90 days before filing of the bankruptcy petition or concession of the debtor's business, whichever is earlier) - 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Other specify: _____
<input checked="" type="checkbox"/> SECURED CLAIM \$ -0-	
Attach evidence of perfection of security Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	

CLAIM FILED
JACKSONVILLE, FLORIDA
NOV 10 2009


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MIDDLE DISTRICT OF FLORIDA

4. TOTAL AMOUNT OF CLAIM: \$ 0.00 (Unsecured) + \$ 1,250.00 (Priority) = \$ 1,250.00 (TOTAL)

5. Attach copies of documents in support of this claim, such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 6. This form should not be used for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503. 7. CREDITS AND SETOFF'S: Attach an itemization of all amounts and dates of payments which have been credited against the Debts. Set forth any setoff or counterclaim which the debtor may have against your claim. 8. To receive an acknowledgment of the receipt of your claim, enclosed a stamped, self addressed envelope and a copy of your claim.	THIS SPACE FOR COURT USE ONLY
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C. CERTIFICATION

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this claim.

Date 10/7/09	Sign and Print the Name and Title, if any, of the Creditor or Other Person Authorized to File this (attach copy of power of attorney, if any) David M. Sullivan, Tax Administrator	T, B & W Mortgage Corp.  00252
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Taxpayer TAYLOR, BEAN & WHITAKER MORTGAGE CORP.
Case ID 09-07047
Federal ID 59-3069391
Sales Permit

Business Corporation Tax

	As of	Amount
	4/01	\$250.00
	4/09	\$500.00
	4/10	\$500.00
		<hr/>
		\$1,250.00

(The above tax is estimated, as the correct amount of such tax cannot be determined until the filing of a tax return.)

Unpaid business corporation taxes, interest and penalties which, pursuant to Section 44-11-39 of the 1956 General Laws, are all a debt due from the respondent to the State of Rhode Island, and for which the State of Rhode Island has a statutory lien upon all the respondent's real property located in Rhode Island taking precedence over any other lien or encumbrance on such real property, pursuant to said Section 44-11-8: