FORM B10 (Official Form 10) (Rev 4/01)

**United States Bankruptcy Court** Northern District of Texas Dallas Division

# PROOF OF CLAIM

Name of Debtor
**VarTec Telecom**

Case Number
**04-81694-SAF-11**

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 OF MAINE**

☐ 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

Name and address where notices should be sent
**STATE OF MAINE**
**BUREAU OF REVENUE SERVICES**
**COMPLIANCE DIVISION**
**PO BOX 9101**
**AUGUSTA MAINE 04333**

Telephone number

☐ 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

**This space is for Court Use Only**

Account or other number by which creditor identifies debtor

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_____

☐ Retiree benefits as defined in 11 U S C § 1114(a)

☐ Wages salaries and compensation (Fill out below)
Your SS# _____ - _____ - _____
Unpaid compensation for services performed
from _____ to _____
(date) (date)

**2 Date debt was incurred See Attached**

**3 If court judgment, date obtained**

**4 Total Amount of Claim at Time Case Filed** $ 2,508 36
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 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 Priority Claim**
☑ Check this box if you have an unsecured priority claim
Amount entitled to priority $ 2,508 36
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-____)

*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 judgments 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 acknowledgment 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

FILED
FEB 28 2005
BMC

Date
02/24/05

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)
Stanley Compton DEPUTY DIRECTOR

*Penalty for presenting fraudulent claim* Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C

Vartec Telecom Inc
01630

**PROOF OF CLAIM FOR STATE TAXES**
**STATE OF MAINE**
**BUREAU OF REVENUE SERVICES**

UNITED STATE BANKRUPTCY COURT FOR THE NORHTERN DISTRICT OF TEXAS DALLAS DIVISION

| | | | | |
|---|---|---|---|---|
| In re | VarTec Telecom | ) | Chapter | 11 |
| | | ) | Case # | 04-81694-SAF -11 |
| Debtor(s) | | ) | Petition Date | 11/01/04 |
| ID # | 75-2280200, 3001549 | ) | | |

1 The undersigned is the agent of the State Tax Assessor for the Bureau of Revenue Services and is duly authorized to make this proof of claim on his behalf

2 The debtor is indebted to the Bureau of Revenue Services in the sum of **$2,508 36** as the petition date, as more fully set forth below

3 The amount of all known payments on this claim have been credited and deducted for the purpose of making this claim

4 The basis of the liability given rise to this claim is tax due under the laws of the State of Maine

5 For any tax periods for which returns have not been filed and for which no assessment has been made, the Bureau of Revenue Services is making an estimated claim based upon the best available information The debtor has been notified of this fact

**A SECURED** ***CLAIM*** (Notice of tax lien filed before petition date, copies attached)

| Tax Type | Period(s) | Tax Due | Interest to 11/01/04 | Penalty to 11/01/04 | Balance |
|---|---|---|---|---|---|

**Total Lien Amount**
**Total Secured Claim Amount** **$0 00**

**B PRIORITY** ***UNSECURED CLAIM*** (Under section 507(a)(8) of the Bankruptcy Code)

| Tax Type | Period(s) | Tax | Interest | Total |
|---|---|---|---|---|
| Service Provider | 10/04 | $2,508 36 | $0 00 | $2,508 36 |

**Total Priority Unsecured Claim** **$2,508 36**

**C GENERAL** ***UNSECURED CLAIM (Total of pre-petition penalties to 11/01/04)***

**Total** **$0 00**

Date February 24, 2005

Stanley D Campbell, Deputy Director
Compliance Division
Bureau of Revenue Services
24 State House Station
Augusta, ME 04333-0024
(207) 624-9690