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

UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Texas

Chapter 11
PROOF OF CLAIM

Name of Debtor
Excel Communications Marketing Inc

Case Number
04-81695 SAF
(Jointly Administered)

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)

Connecticut Department of Revenue Services

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach a copy of statement giving particulars

Name and address where notices should be sent

Department of Revenue Services
C&E Division, Bankruptcy Section
25 Sigourney Street
Hartford, CT 06106-5032

Telephone number **(860) 297 5905**

☐ 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

REC'D MAR 14 2005

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Tax Reg # 9215336-000

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 **Sales and Use**
☐ 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 _____ (date) to _____ (date)

2 Date debt was incurred
See attached

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed

$____	$____	$500 00	$500 00
(unsecured)	(secured)	(priority)	(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 $500 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 of 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
U S BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FILED
MAR 11 2005
TAWANA C MARSHALL, CLERK
By _____
Deputy

Date
March 10 2005

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)

Pamela D Calachan, Tax Unit Assistant Manager

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

Vartec Telecom Inc
02966

Form 10

Attachment

State of Connecticut - Department of Revenue Services

Proof of Claim for

Department of Revenue Services Taxes

Case Number
04 81695 SAF

Type of Bankruptcy Case
Jointly Administered

In The Matter of Excel Communications Marketing Inc

Chapter 11

Date of Petition
11/1/2004

Unsecured Priority Claims

Tax Reg #	Tax Type	Tax Period	Tax Due	Penalty to Petition	Interest to Petition	Total
9215336000	Sales & Use	12/04	$500 00	$0 00	$0 00	$500 00
		Estimated Period (10/01/04 - 10/30/04)				

Total Amount of Unsecured Priority Claims **$500 00**

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