

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE  
PROOF OF CLAIM FOR MASSACHUSETTS TAXES

IN RE WOMEN FIRST HEALTHCARE, INC

CHAPTER 11

DOCKET 04-11278mfw

PETITION DATE 4/29/2004

SSN

CONVERSION TO CH FROM ON

SSN

Fed ID No 133-919-601

CREDITOR MASSACHUSETTS DEPARTMENT OF REVENUE, LITIGATION BUREAU, BANKRUPTCY UNIT  
100 Cambridge Street, 7th Floor, Boston, MA 02114 Phone (617) 626-3875 Fax (617) 626-3796

**\*\*ALL NOTICES, PLEADINGS AND CORRESPONDENCE TO MAILING ADDRESS:\*\***

**P.O. BOX 9564, BOSTON, MA 02114**

AMENDED PROOF OF CLAIM IN ADDITION TO PROOF OF CLAIM FILED

AMENDED PROOF OF CLAIM TO SUPERSEDE PROOF OF CLAIM FILED 7/14/2004

1 THE COMMISSIONER OF THE MASSACHUSETTS DEPARTMENT OF REVENUE FILES THIS PROOF OF CLAIM FOR UNPAID MASSACHUSETTS TAXES INCLUDING INTEREST AND PENALTIES CALCULATED TO THE PETITION DATE OR CONVERSION DATE AS APPLICABLE

2 THE AMOUNTS LISTED IN PARAGRAPHS A B C AND D BELOW ARE SUMMARIES OF THE AMOUNTS DUE FOR EACH CATEGORY OF CLAIM A DETAILED STATEMENT OF THE TAX PERIODS AND THE AMOUNTS DUE IS ATTACHED THE TYPE OF TAX IS IDENTIFIED BY LETTER CODES AS SHOWN AT THE TOP OF THE DETAIL PAGES

3 TAX PERIODS ON ATTACHED PAGES ARE MARKED BY AN ASTERISK (\*) IF THE AMOUNTS FOR THOSE PERIODS ARE ESTIMATED

4 TO THE EXTENT THAT ANY PRE-PETITION TAX OR POST PETITION INTEREST AND PENALTIES ATTRIBUTABLE TO PRE PETITION TAX ARE NONDISCHARGABLE AND REMAIN UNPAID THEY MAY BE COLLECTED FROM THE DEBTOR OR FROM ANY OTHER LIABLE ENTITY

5 TO THE EXTENT THAT A CLAIM IS IDENTIFIED AS A SECURED CLAIM AND IS UNDERSECURED PURSUANT TO 11 U S C SEC 506 THE UNSECURED PORTION CONSISTING OF TAX AND INTEREST IS ASSERTED AS AN UNSECURED PRIORITY CLAIM AND THE UNSECURED PORTION CONSISTING OF PENALTY IS ASSERTED AS A GENERAL UNSECURED CLAIM THE COMMONWEALTH OF MASSACHUSETTS DOES NOT WAIVE OR INTEND TO WAIVE ELEVENTH AMENDMENT SOVEREIGN IMMUNITY FOR ITSELF OR ANY OF ITS OFFICERS OR AGENCIES INCLUDING THE DEPARTMENT OF REVENUE BY FILING THIS PROOF OF CLAIM

6 MASSACHUSETTS CLAIMS A SETOFF OF PRE-PETITION TAX REFUNDS AGAINST THIS CLAIM

7 FOR ADMINISTRATIVE CLAIMS INTEREST AND PENALTY ARE DUE UNTIL PAID INTEREST AND PENALTY HAVE BEEN CALCULATED TO THE FILING DATE OF THIS CLAIM

ANY QUESTIONS OR CORRESPONDENCE CONCERNING THIS CLAIM SHOULD BE ADDRESSED TO Anne Chan AT THE ABOVE MAILING ADDRESS OR BY TELEPHONE (617) 626-3869

A SECURED CLAIM (Notice of statutory tax lien filed pursuant to M G L c 62C SEC 50) \$0.00


POST PETITION INTEREST IS INCLUDED TO THE EXTENT ALLOWED BY 11 U S C SEC 506(b)

B UNSECURED PRIORITY CLAIM UNDER 11 U S C SEC 507(a)(8) \$2,834.17

FOR CH 11 CASES, INTEREST ACCRUES AFTER THE EFFECTIVE DATE OF THE PLAN 11 U S C SEC 1129(a)(9)(C)

C GENERAL UNSECURED CLAIM \$1,956.98

D ADMINISTRATIVE CLAIM \$0.00



AUTHORIZED SIGNATURE

WILLIAM F. CONNOR OR JOHN GIAMATTEI SUPERVISOR, BANKRUPTCY UNIT, MDO

DATE

8/24/2004

TOTAL \$4,791.15

For Court Use Only

FILED

JUL 27 2004

BMC

Women First Healthcare Inc



00118



**MASSACHUSETTS DEPARTMENT OF REVENUE  
LITIGATION BUREAU - BANKRUPTCY UNIT**

**100 CAMBRIDGE STREET - 7th FLOOR, BOSTON  
Mailing Address: P O BOX 9564, BOSTON, MA 02114  
Phone (617) 626-3875 Fax (617) 626-3796**

ALAN LEBOVIDGE  
COMMISSIONER

**PRIORITY/GENERAL UNSECURED PROOF-OF-CLAIM**

**DISTRICT OF DELAWARE  
IN THE MATTER OF WOMEN FIRST HEALTHCARE, INC**

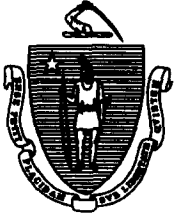
**DOCKET # 04-11278mfw  
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**TAX I D # (SSN) \_\_\_\_\_ - \_\_\_\_\_  
TAX I D # (Fed ID#) 133-919-601**

0113 - Special Fuel	0139 - Sales/M V	0167 Corporate Domestic (Mass )	A Annual
0114 Motor Carrier	0140 - Income Tax	0168 - Corporate Foreign (outside Mass )	D Depository
0136 Services	0143 Room Occupancy	0173 - Public Utility	M - Monthly
0137 Sales Use Tax	0161 Room Lo	0179 Fiduciary	Q Quarterly
0138 Meals Tax	0166 - Withholding Tax	0218 Cig/Tob	H-Husband
		0237 - Use Tax	W Wife
		0182 MA IFTA	J Joint
		0183 - OTHERIFTA	

TAX TYPE	PERIOD	DATE TAX ASSESSED	FILING FREQUENCY	TAX	INTEREST TO PETITION	BALANCE DUE	GENERAL UNSECURED CLAIM PENALTY TO PETITION
0168	12/31/2001	*	A	\$456 00 *	\$70 32	\$526 32	\$173 28
0168	12/31/2002	9/15/2003	A	\$0 00	\$293 82	\$293 82	\$71 91
0168	12/31/2003	*	A	\$2 000 00 *	\$14 03	\$2 014 03	\$60 00

<b>TOTAL THIS PAGE</b>				\$2 456 00	\$378 17	\$2 834 17	\$305 19
<b>SUMMARY TOTAL</b>						\$2 834 17	\$1 956 98



**MASSACHUSETTS DEPARTMENT OF REVENUE  
LITIGATION BUREAU - BANKRUPTCY UNIT**

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ALAN LEBOVIDGE  
COMMISSIONER

**PRIORITY/GENERAL UNSECURED PROOF-OF-CLAIM**

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IN THE MATTER OF WOMEN FIRST HEALTHCARE, INC**

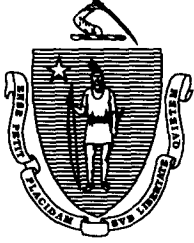
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Alan L. LeBovidge  
Commissioner

Thomas K. Condon  
Bureau Chief

*The Commonwealth of Massachusetts*  
*Department of Revenue*  
*Litigation Bureau - Bankruptcy Unit*  
***Offices 100 CAMBRIDGE STREET, 7<sup>TH</sup> FLOOR***  
*Boston, Massachusetts 02114*  
***All Mail To: Box 9586, Boston, MA 02114-9586***  
***MAIN #617 626-3875 – FAX #617 626-3796***

August 24, 2004

Bankruptcy Management Corporation  
P O Box 983  
El Segundo, CA 90245-0983  
Re Women First Healthcare, Inc Claims Agent

Dear Sir/Madam

Please file the enclosed proof (s)-of-claim in the matter of

DEBTOR: Women First Healthcare, Inc.  
FID # 133-919-601  
DOCKET # 04-11278 MFW

**Please date-stamp and return the attached copy in the enclosed self-addressed envelope. Thank you.**

Sincerely,

  
Anne Chan

Tax Examiner  
Bankruptcy Unit  
(617) 626-3869

Enclosure Claim (s)