

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF DE _____ **PROOF OF CLAIM**

Name of Debtor: **LARGE APPAREL OF PENNSYLVANIA INC** Case Number **1013044**

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):
Pennsylvania Department of Revenue
 Name and address where notices should be sent:
**Bankruptcy Division PO Box 280946
 Harrisburg, PA 17128-0946**
 Telephone number:
(717) 783-8989

Check this box to indicate that this claim amends a previously filed claim.
 Court Claim Number: _____
 (If known)
 Filed on: _____

Name and address where payment should be sent (if different from above):
BMC GROUP
 Telephone number:

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

1. Amount of Claim as of Date Case Filed: \$ 16,250.19
 If all or part of your claim is secured, complete item 4 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 5.
 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.

5 Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
 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).

2. Basis for Claim: Taxes
 (See instruction #2 on reverse side.)


3. Last four digits of any number by which creditor identifies debtor: 4057
3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 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.
 Nature of property or right of setoff: Real Estate Motor Vehicle Other
 Value of Property: \$ Unknown Annual Interest Rate 8 %
 Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ 0.00 Basis for perfection: _____
 Amount of Secured Claim: \$ 0.00 Amount Unsecured: \$ 5,812.77

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
 Amount entitled to priority:
\$ 10,437.42
 *Amounts are subject to adjustment on and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
 If the documents are not available, please explain:
 Urban Brands

 00265

Date: 11/23/2011 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.
/s/ Mary E. McKee, Chief *Mary E. McKee*

FOR COURT USE ONLY
 RECEIVED
 DISTRICT COURT
 11-23-11 8:48

BMC

BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG, PA 17128-0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



November 23, 2010

DELAWARE (WIL) U.S. BANKRUPTCY COURT
CLERK'S OFFICE - WILMINGTON DIV.
MARINE MIDLAND PLAZA
824 MARKET STREET
WILMINGTON, DELAWARE 1980122

Case No: 10-13044

DE

LARGE APPAREL OF PENNSYLVANIA INC

Dear Clerk of Courts:

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance. This represents a claim in the sum of:

\$ 16,250.19

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below. Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope.

Sincerely,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 783-5298
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

BUREAU OF COMPLIANCE
PO Box 280946
HARRISBURG, PA 17128-0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



November 23, 2010

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Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER



Lisa Haviland

**SUPPORTING DOCUMENTATION FOR
TAXES DUE THE
COMMONWEALTH OF
PENNSYLVANIA
DEPARTMENT OF REVENUE**

Original Claim
 Amended Claim

This claim supercedes all
Previous claims filed.

Date Amended:

LARGE APPAREL OF PENNSYLVANIA INC
LARGE APPAREL OF PENNSYLVANIA INC

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

Petition Filing Date: 09/21/2010
Case Number: 1013044 DE
Chapter: 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth. At this present time of the filing of this proof of claim, the Debtor was indebted to the Commonwealth in the

SUM OF \$16,250.19 for the following:

- State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P.S. 7210
- Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Corporate Net Income Tax
- Capital Stock-Franchise Tax
- Corporate Loans Tax
- Other

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability.

Total secured claim: _____

Pursuant to Section 506(b) of the Bankruptcy Code, post petition Interest may be payable.

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability.

Total administrative _____

**UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority
Liabilities existing before petition date.**

See attached statement of account detailing the liability.

Total unsecured priority: \$10,437.42

**UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the
petition filing date.**

See attached statement of account detailing the liability.

Total unsecured non-priority claim: \$5,812.77

All payments of this claim have been credited and deducted for the purpose of making this proof of claim.

(Representative, Bureau of Compliance)



Lisa Haviland

**BANKRUPTCY
STATEMENT OF ACCOUNT**

Pet Date: 9/21/2010
Cause Number: 1013044 DE
Chapter: 11

LARGE APPAREL OF PENNSYLVANIA INC
100 METRO WAY
SECAUCUS NJ 07094

Primary Tax Numbers

Emp Identification Number: 22-3494057

Sales Tax License Number: 82821056

Social Security Number:

Corp Tax Number: 6837832

Other Number:

Additional Debtors and/or Names SSN EIN

Note:

| TYPE OF CLAIM | | UNSECURED NON-PRIORITY | | Tax Number: | | 223494057 | |
|-------------------|-----------|------------------------|----------------|---------------------|--------|------------|------------|
| TAX TYPE | ESTIMATES | PERIOD COVERED | TAX DEFICIENCY | INTEREST | FEES | PENALTY | BALANCE |
| EMP | ✓ | 03q 2008 | \$0.00 | \$0.00 | \$0.00 | \$5,669.77 | \$5,669.77 |
| Lien Filing Date: | | County Lien Filed: | | Lien Docket Number: | | | |
| TOTAL | | | \$0.00 | \$0.00 | \$0.00 | \$5,669.77 | \$5,669.77 |

| TYPE OF CLAIM | | UNSECURED NON-PRIORITY | | Tax Number: | | 6837832 | |
|-------------------|-----------|------------------------|----------------|---------------------|--------|----------|----------|
| TAX TYPE | ESTIMATES | PERIOD COVERED | TAX DEFICIENCY | INTEREST | FEES | PENALTY | BALANCE |
| CT | ✓ | 01 2008 | \$0.00 | \$0.00 | \$0.00 | \$107.00 | \$107.00 |
| CT | ✓ | 01 2009 | \$0.00 | \$0.00 | \$0.00 | \$36.00 | \$36.00 |
| Lien Filing Date: | | County Lien Filed: | | Lien Docket Number: | | | |
| TOTAL | | | \$0.00 | \$0.00 | \$0.00 | \$143.00 | \$143.00 |

| TYPE OF CLAIM | | UNSECURED PRIORITY | | Tax Number: | | 223494057 | |
|-------------------|-----------|--------------------|----------------|---------------------|--------|-----------|------------|
| TAX TYPE | ESTIMATES | PERIOD COVERED | TAX DEFICIENCY | INTEREST | FEES | PENALTY | BALANCE |
| EMP | ✓ | 03q 2008 | \$7,559.69 | \$686.09 | \$0.00 | \$0.00 | \$8,245.78 |
| Lien Filing Date: | | County Lien Filed: | | Lien Docket Number: | | | |
| TOTAL | | | \$7,559.69 | \$686.09 | \$0.00 | \$0.00 | \$8,245.78 |

| TYPE OF CLAIM | | UNSECURED PRIORITY | | Tax Number: | | 6837832 | |
|-------------------|-----------|--------------------|----------------|---------------------|--------|---------|------------|
| TAX TYPE | ESTIMATES | PERIOD COVERED | TAX DEFICIENCY | INTEREST | FEES | PENALTY | BALANCE |
| CT | ✓ | 01 2008 | \$1,131.00 | \$68.00 | \$0.00 | \$0.00 | \$1,199.00 |
| CT | ✓ | 01 2009 | \$357.00 | \$5.00 | \$0.00 | \$0.00 | \$362.00 |
| CT | ✓ | 01 2010 | \$357.00 | \$0.00 | \$0.00 | \$0.00 | \$357.00 |
| CT | ✓ | 09 2010 | \$238.00 | \$0.00 | \$0.00 | \$0.00 | \$238.00 |
| Lien Filing Date: | | County Lien Filed: | | Lien Docket Number: | | | |
| TOTAL | | | \$2,083.00 | \$73.00 | \$0.00 | \$0.00 | \$2,156.00 |

LEGEND:

ST = Sales, Use and Hotel Occupancy Tax
CT = Corporation Tax
EMP = Employer Withholding
AN = Individual Income Tax
MT = Mass Transit
MC = Motor Carrier

LF = Liquid Fuels
OF = Oil Franchise
PTA = Public Transportation Assistance Act

Personal Income Tax Estimates: Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040. Information can be mailed to debtor or debtor's counsel upon written request, without the need for filing a formal objection. An amended proof of claim may be filed upon the filing of a properly completed and signed PA-40 tax return.

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED.

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE.



Lisa Haviland

**BANKRUPTCY
STATEMENT OF ACCOUNT**

Pet Date: 9/21/2010
Cause Number: 1013044 DE
Chapter: 11

LARGE APPAREL OF PENNSYLVANIA INC
100 METRO WAY
SECAUCUS NJ 07094

Primary Tax Numbers

Emp Identification Number: 22-3494057
Sales Tax License Number: 82821056
Social Security Number:
Corp Tax Number: 6837832
Other Number:

Additional Debtors and/or Names SSN EIN

Note:

| TYPE OF CLAIM | | UNSECURED PRIORITY | Tax Number: | | 82821056 | | |
|-------------------|-----------|--------------------|----------------|---------------------|---------------|---------------|----------------|
| TAX TYPE | ESTIMATES | PERIOD COVERED | TAX DEFICIENCY | INTEREST | FEES | PENALTY | BALANCE |
| ST | | 08M 2010 | \$35.25 | \$0.39 | \$0.00 | \$0.00 | \$35.64 |
| Lien Filing Date: | | County Lien Filed: | | Lien Docket Number: | | | |
| TOTAL | | | \$35.25 | \$0.39 | \$0.00 | \$0.00 | \$35.64 |

LEGEND:

ST = Sales, Use and Hotel Occupancy Tax
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