

UNITED STATES BANKRUPTCY COURT District of Delaware

PROOF OF CLAIM

Name of Debtor: **LARGE APPAREL OF WISCONSIN, INC.**

Case Number: **10-13015**

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):
Wisconsin Department of Revenue

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
**Wisconsin Department of Revenue
Special Procedures Unit
PO Box 8901
Madison, WI 53708-8901
Telephone number:
(608) 267-0833**

**RECEIVED
FEB 24 2011
BMC GROUP**

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):

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.

Telephone number:

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

1. Amount of Claim as of Date Case Filed: **\$67.53**

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.

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.

Specify the priority of the claim:

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

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: **See attached.**

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).

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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
Describe:

Value of Property: **\$0.00** Annual Interest Rate **___**%

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: **\$ 0.00**

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).

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

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(___).

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of 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.)

Amount entitled to priority:

\$ 67.53

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

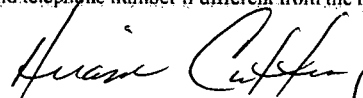
*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

If the documents are not available, please explain:

Date:
18-Feb-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/ Hiram Cutting, Bankruptcy Specialist



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PROOF OF CLAIM FOR TAXES (Bankruptcy Code Cases)

In the matter of:
LARGE APPAREL OF WISCONSIN, INC.

Case Number 10-13015
Type of Bankruptcy Chapter 11
Date of Petition 09/21/2010
Employer Identification XX-XXX3898

This claim is not subject to any set off or counterclaim.

Table A: Secured Claims. Columns: Kind of Tax, Period, Tax Due, Penalty to Petition Date, Interest to Petition Date, Date Tax Lien Filed, Date Tax Assessed. Total secured claim \$ 0.00

Table B: Unsecured Priority Claims. Columns: Kind of Tax, Period, Tax Due, Interest to Petition Date, Date Tax Assessed. Total unsecured priority claim \$ 67.53

Table C: Unsecured General Claims. Columns: Kind of Tax, Period, Tax Due, Penalty to Petition Date, Interest to Petition Date, Date Tax Assessed. Total unsecured general claim \$ 0.00

Penalty to date of petition on unsecured priority claims \$ 0.00

Total unsecured general claim \$ 0.00

Total claim amount \$ 67.53