

United States Bankruptcy Court Southern District of IN (INDIANAPOLIS)		PROOF OF CLAIM		
In re (Name of Debtor) COMPLETE HYDRAULICS SVC & SALES INC		Case Number 13-04677-JKC-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) INDIANA DEPARTMENT OF REVENUE		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> 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
Name and Address Where Notices Should be Sent INDIANA DEPARTMENT OF REVENUE BANKRUPTCY SECTION, N-240 100 NORTH SENATE AVENUE INDIANAPOLIS, IN 46204				
Telephone No. (317) 232-2289				
Account Or Other Number By Which Creditor Identifies Debtor 0390		Check here if this claim <input type="checkbox"/> replaces <input checked="" type="checkbox"/> amends a previously filed claim dated 05/08/2013		
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury / wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Retiree benefits as defined by U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed From _____ (date) to _____ (date)		
2. DATE DEBT WAS INCURRED SEE ATTACHMENT		3. IF COURT JUDGMENT, DATE OBTAINED:		
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.				
<input checked="" type="checkbox"/> SECURED CLAIM \$11,952.37 Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$593.64 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$6,018.69 Specify the priority of the claim.		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000) earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$1950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child – 11 U.S.C. 507(a)(7) <input checked="" type="checkbox"/> Taxes or other penalties of governmental units – 11 U.S.C. 507(a)(8) <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. 507(a) _____ <small>*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced after the date of adjustment.</small>		
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	\$593.64 (Unsecured)	\$11,952.37 (Secured)	\$6,018.69 (Priority)	\$18,564.70 (TOTAL)
<input checked="" type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				
6. CREDITS AND SETOFF: The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME STAMPED COPY: To receive an acknowledgement 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
Date: 05/24/2013		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) /s/ CAROL SWAFFAR, Tax Analyst		

AMENDED WORKING PAPERS:

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NAME(S): COMPLETE HYDRAULICS SVC & SALES INC

FID: 0390

☒ PRE-PETITION ☒ SECURED

CASE NUMBER: 13-04677-JKC-11

TID:

☐ POST-PETITION ☒ UNSECURED

DATE FILED: 05/02/2013

TID:

☒ PRIORITY

CONFIRM DATE:

CHAPTER FILED: 11

TID#	TAX TYPE	LIAB NBR	LIAB TYPE	PERIOD ENDING	DUE DATE	PENALTY RATE	BASE TAX	INTEREST	PENALTY	CLERK COST	TOTAL CLAIM
4034	COR	201204523192	BIA	12/31/2012	04/15/2013	10.00%	\$3,700.00	\$5.17	\$370.00	\$0.00	\$4,075.17
	RST	* 201103081879	NRM	11/30/2011	12/20/2011	10.00%	\$4,473.26	\$0.00	\$0.00	\$0.00	\$4,473.26
		* 201103081880	NRM	12/31/2011	01/20/2012	10.00%	\$3,858.48	\$184.60	\$385.85	\$3.00	\$4,431.93
		* 201203248266	NRM	01/31/2012	02/21/2012	10.00%	\$2,660.20	\$117.96	\$266.02	\$3.00	\$3,047.18
		201203364243	NRM	04/30/2012	05/21/2012	10.00%	\$2,236.35	\$77.17	\$223.64	\$0.00	\$2,537.16

TOTALS:

\$16,928.29 \$384.90 \$1,245.51 \$6.00 \$18,564.70

★ INDICATES SECURED.

Secured Amount: \$11,952.37

General Unsecured Amount: \$593.64

Priority Amount: \$6,018.69

Taxpayer name: COMPLETE HYDRAULICS SVC & SALES INC

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Case Number: 13-04677-JKC-11

Filing date: 05/02/2013

Liability #	Warrant	County	Date Filed	Page	Docket
201103081879	9026353	Johnson	05/29/2012	1	1
201103081880	9026350	Johnson	05/29/2012	1	1
201203248266	8989922	Johnson	05/01/2012	1	1