

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>INDIANA</u>		PROOF OF CLAIM
Name of Debtor: COMPLETE HYDRAULIC SERVICE & SALES, INC.	Case Number:  13-04677-JKC-11	<b>COURT USE ONLY</b>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service		
Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		<input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ 13 <i>(If known)</i>  <b>Filed on:</b> <u>06/04/2013</u>
Telephone number: 1-800-973-0424      email:      Creditor Number: 12189446		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above): Internal Revenue Service 955 Mezzanine Drive Ste B Lafayette, IN 47905-8631		
Telephone Number: 765-449-3861      email:		
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>1,367.58</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Taxes</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  <u>See Attachment</u>	<b>3a. Debtor may have scheduled account as:</b>  <u>(See instruction #3a)</u>	<b>3b. Uniform Claim Identifier (optional):</b>  <u>(See instruction #3b)</u>
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Nature of property or right of setoff:</b>      <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle    <input type="checkbox"/> Other  <b>Describe:</b>   <b>Value of Property:</b> \$ _____   <b>Annual Interest Rate</b> ____ %      <input type="checkbox"/> fixed    or    <input type="checkbox"/> variable  <b>(when case was filed)</b> </div> <div style="width: 50%;"> <b>Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any:</b>             \$ _____   <b>Basis for perfection:</b> _____   <b>Amount of Secured Claim:</b> \$ _____   <b>Amount Unsecured:</b>      \$ _____         </div> </div>		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <div style="text-align: right;">Amount entitled to priority: \$ <u>1,367.58</u></div>
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

**7. Documents:** Attach are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "**redacted**".)

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

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

☒ I am the creditor.      ☐ I am the creditor's authorized agent.      ☐ I am the trustee, or the debtor, or their authorized agent.      ☐ I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: MONICA CANGANELLI

Title: Bankruptcy Specialist

Company: Internal Revenue Service

/s/ MONICA CANGANELLI

10/21/2013

(Signature)

(Date)

Address and telephone number (if different from notice address above):

Internal Revenue Service  
955 Mezzanine Drive Ste B  
Lafayette, IN 47905-8631

Telephone number: 765-449-3861

Email:

# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10  
Attachment

**In the Matter of:** COMPLETE HYDRAULIC SERVICE & SALES,  
INC.  
130 COMMERCE DRIVE  
FRANKLIN, IN 46131

Case Number  
13-04677-JKC-11

Type of Bankruptcy Case  
CHAPTER 11

Date of Petition  
05/02/2013

Amendment No. 2 to Proof of Claim dated 06/04/2013.

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

## Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XX-XXX0390	CORP-INC	12/31/2012	1 NOT FILED	\$685.00	\$0.00
XX-XXX0390	WT-FICA	06/30/2013	08/19/2013	\$0.00	\$0.00
XX-XXX0390	CORP-INC	12/31/2013	1 NOT FILED	\$100.00	\$0.00
XX-XXX0390	FUTA	12/31/2013	2 Unassessed Liability	\$582.58	\$0.00
				<b>\$1,367.58</b>	<b>\$0.00</b>

**Total Amount of Unsecured Priority Claims:**

**\$1,367.58**

<sup>1</sup> THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR BECAUSE THE RETURN HAS NOT BEEN FILED. AS SOON AS THE DEBTOR FILES THE RETURN WITH THE IRS AS REQUIRED BY LAW THIS CLAIM WILL BE ADJUSTED TO REFLECT THE ASSESSED LIABILITY.

<sup>2</sup> THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR DUE TO DEBTOR'S FAILURE TO MAKE REQUIRED TAX DEPOSITS. AS SOON THE DEBTOR FILES THE RETURN WITH THE IRS AS REQUIRED BY LAW THIS CLAIM WILL BE ADJUSTED AS NECESSARY.