

PROOF OF CLAIM
THIS SPACE IS FOR COURT USE ONLY

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CANDACE BURKE
CLERK IDAHO

United States Bankruptcy Court
District of IDAHO • Sub-district of BOISE

Name of Debtor(s): DAN WEILAGE CAROLYN RUBY	Case Number: 04-00108
	Chapter: 13
	Trustee: JOHN H KROMMENHOEK

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 U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property): Idaho State Tax Commission	<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.
Name and address where notices should be sent: Idaho State Tax Commission Bankruptcy Unit P.O. Box 36 Boise, ID 83722	<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.

Account or other number by which identifies debtor: SEE ATTACHMENT	Check below if this claim: <input type="checkbox"/> Replaces a previously filed claim dated: <input type="checkbox"/> Amends a previously filed claim dated:
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1. Basis for Claim

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114
<input type="checkbox"/> Services performed	<input type="checkbox"/> Wages, Salaries and compensation (fill out below)
<input type="checkbox"/> Money loaned	Your SS #:
<input type="checkbox"/> Personal injury/wrongful death	Unpaid compensation for services performed from _____ to _____
<input checked="" type="checkbox"/> Taxes	(date) (date)
<input type="checkbox"/> Other UNLIQUIDATED LIABILITIES	

2. Date debt was incurred: SEE ATTACHMENT

3. If court Judgment, date obtained:

4. Secured Claim

Check box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral: See below

Value of Collateral:

Amount of arrearage and other charges at time the case was filed included in secured claim, if any:

5. Unsecured Priority Claim

Check box if you have an unsecured priority claim

Amount entitled to priority: \$500.00

Specify Priority Of Claim:

Wages, Salaries, or commissions (up to \$4650)* earned within 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))

Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))

Up to \$2100* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6))

Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))

Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))

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

* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Total Amount of Claim at Time Case was Filed	
SECURED	\$0.00
UNSECURED PRIORITY	\$500.00
UNSECURED GENERAL	\$0.00
TOTAL	\$500.00

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

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, please explain. If the documents are voluminous, attach a summary.

9. Date Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date: 02/02/2004

Sign and print the name and title, if any of the creditor or other person authorized to file this claim:
Kris Fosness **KRIS FOSNESS** Bankruptcy Unit
Tel. (208) 334-7778

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Proof of Claim - State Tax Liability Itemization

STC Form 10
Attachment

Idaho State Tax Commission
Bankruptcy Unit
P.O. Box 36
Boise, ID 83722

Case Number: 04-00108
Chapter: 13

NOTES:
* UNLIQUIDATED LIABILITY - UNFILED RETURN

UNSECURED PRIORITY CLAIMS

<i>Note</i>	<i>Taxpayer ID</i>	<i>Taxpayer ID</i>	<i>Tax Type</i>	<i>Tax Period</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>	<i>Total</i>
*	6924	2365	Indv Income	Dec 2003	\$500.00	\$0.00	\$500.00

Total Amount of Unsecured Priority Claims: \$500.00

Penalty to date of petition on unsecured priority claims (including interest thereon) \$0.00