

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

PROOF OF CLAIM
THIS SPACE IS FOR COURT USE ONLY

Name of Debtor(s):
 CHRISTINA M BOSIER

Case Number: 02-03228
 Chapter: 13
 Trustee: BERNIE R RAKOZY

U.S. COURTS
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 REC'D
 CAMERON S. BURKE
 CLERK IDAHO

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

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

Check box if you have never received any notices from the bankruptcy court in this case.
 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:
 Replaces a previously filed claim dated:
 Amends a previously filed claim dated: 10/25/2002

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other

- Retiree benefits as defined in 11 U.S.C. §1114
- Wages, Salaries and compensation (fill out below)
 Your SS #: _____
 Unpaid compensation for services performed
 from _____ to _____
 (date) (date)

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: _____
Specify Priority Of Claim:
 Wages, Salaries, or commissions (up to \$4650)* earned within 90 days before filing of the bankruptcy petition or cessation or 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.

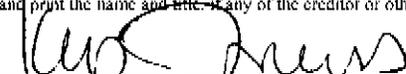
6. Total Amount of Claim at Time Case was Filed

SECURED	\$0.00
UNSECURED PRIORITY	\$0.00
UNSECURED GENERAL	\$0.00
TOTAL	\$0.00

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.

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Date: 01/03/2003

Sign and print the name and title of any of the creditor or other person authorized to file this claim

 Bankruptcy Unit
 Tel. (208) 334-7778

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: 02-03228

Chapter: 13

NOTES:

- * TAXPAYER FURNISHED INFORMATION - NOT REQUIRED TO FILE.
- ** DEBTOR FILED RETURN. CLAIM AMENDED TO ACTUAL AMOUNT DUE.

UNSECURED PRIORITY CLAIMS

<i>Note</i>	<i>Taxpayer ID Last 4</i>	<i>Taxpayer ID Last 4</i>	<i>Tax Type</i>	<i>Tax Period</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>	<i>Total</i>
**	519828898		Indv Income	Dec 1999	\$0.00	\$0.00	\$0.00

Total Amount of Unsecured Priority Claims: \$0.00

UNSECURED GENERAL CLAIMS

<i>Note</i>	<i>Taxpayer ID Last 4</i>	<i>Taxpayer ID Last 4</i>	<i>Tax Type</i>	<i>Tax Period</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>	<i>Total</i>
*	519828898		Indv Income	Dec 1998	\$0.00	\$0.00	\$0.00

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

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

Total Amount of Unsecured General Claims: \$0.00