

**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
02 OCT 25 PM 1:28
REC'D _____ FILED _____
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	<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 UNLIQUIDATED LIABILITIES	(date) (date)
<input type="checkbox"/> Other	

2. Date debt was incurred: SEE ATTACHMENT	3. If court Judgment, date obtained:
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4. Secured Claim <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Check box if you have an unsecured priority claim Amount entitled to priority: \$594.80 Specify Priority Of Claim: <input type="checkbox"/> 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)) <input type="checkbox"/> Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4)) <input type="checkbox"/> 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)) <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 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)()
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6. Total Amount of Claim at Time Case was Filed	
SECURED	\$0.00
UNSECURED PRIORITY	\$594.80
UNSECURED GENERAL	\$631.30
TOTAL	\$1,226.10

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	THIS SPACE IS FOR COURT USE ONLY
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: 10/24/2002	Sign and print the name and title, if any of the creditor or other person authorized to file this claim Bankruptcy Unit Tel. (208) 334-7778

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571

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:
* UNLIQUIDATED LIABILITY - UNFILED RETURN.

UNSECURED PRIORITY CLAIMS

Note	Taxpayer ID Last 4	Taxpayer ID Last 4	Tax Type	Tax Period	Tax Due	Interest to Petition Date	Total
*	519828898		Indv Income	Dec 1999	\$500.00	\$94.80	\$594.80

Total Amount of Unsecured Priority Claims: \$594.80

UNSECURED GENERAL CLAIMS

Note	Taxpayer ID Last 4	Taxpayer ID Last 4	Tax Type	Tax Period	Tax Due	Interest to Petition Date	Total
*	519828898		Indv Income	Dec 1998	\$500.00	\$131.30	\$631.30

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: \$631.30