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UNITED STATES BANKRUPTCY COURT IDAHO DISTRICT OF IDAHO **PROOF OF CLAIM**

Name of Debtor
RICHARD STEVEN & BARBARA LYNN GORDON

Case Number
01-00288 -13

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

U.S. COURTS
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Name of Creditor (The person or entity to whom the debtor owes money or property):
Department of the Treasury - Internal Revenue Service

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.

REC'D
CAMERON S. BURKE
CLERK
IDAHO

Name and addresses where notices should be sent:
Internal Revenue Service
INTERNAL REVENUE SERVICE
550 W FORT ST. MSC 041
BOISE, ID 83724-0041

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 sent to you by the court.

Telephone number: (208) 334-1360 Creditor #:1562927
Account or other number by which creditor identifies debtor:
see attachment

THIS SPACE IS FOR COURT USE ONLY
Check here replaces if this claim amends a previously filed claim, dated: 02/13/2001

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(a)
 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. Total Amount of Claim at Time Case Filed: \$ 7,562.14
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
 Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
 Real Estate Motor Vehicle
 Other see below*
Value of Collateral: \$ see below*
* All of debtor(s) right, title and interest to property - 26 U.S.C § 6321.
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 7,562.14

6. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,650)* 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 \$2,100* 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 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.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. (except as noted on attachment)
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, explain. If the documents are voluminous, attach a summary.
9. Date-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
amends # 3
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Date
04/17/2001

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):
Richard Gordon Insolvency Manager

Proof of Claim for Internal Revenue Taxes

Form 10
Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: RICHARD STEVEN & BARBARA LYNN GORDON
RT 1 BOX 3806
HOMEDALE, ID 83628

Docket Number

01-00288

Type of Bankruptcy Case

Chapter 13

Date of Petition

02/06/2001

Amendment No. 1 to Proof of Claim dated 02/13/2001

This claim is not subject to any setoff or counterclaim, except \$562.00.

Secured Claims (Notices of Federal tax lien filed under internal revenue laws before petition date)

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Penalty to Petition Date</i>	<i>Interest to Petition Date</i>	<i>Notice of Tax Lien Filed: Date Office Location</i>	
519-52-5804	INCOME	12/31/1994	05/29/1995	\$843.00	\$232.25	\$600.86	09/08/2000	OWYHEE
519-52-5804	INCOME	12/31/1996	08/16/1999	\$2,233.00	\$390.78	\$897.07	09/08/2000	OWYHEE
519-52-5804	INCOME	12/31/1997	12/06/1999	\$1,065.71	\$218.47	\$288.57	09/08/2000	OWYHEE
519-52-5804	INCOME	12/31/1998	05/17/1999	\$288.00	\$59.04	\$48.29	09/08/2000	OWYHEE
519-52-5804	INCOME	12/31/1999	05/15/2000	<u>\$342.00</u>	<u>\$29.07</u>	<u>\$26.03</u>	09/08/2000	OWYHEE
				\$4,771.71	\$929.61	\$1,860.82		

Total Amount of Secured Claims:

\$7,562.14