

BR

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

Name of Debtor  
**JAMES L & MELISSA R HERSHBERGER**

Case Number  
**01-00317-13**

U.S. COURTS  
01 APR 19 AM 9:19  
REC'D  
CAMERON S. BURKE  
CLERK  
IDAHO  
  
THIS SPACE IS FOR COURT USE ONLY

**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.**

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.

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 #: **1564364**

Account or other number by which creditor identifies debtor:  
**see attachment**

Check here  replaces if this claim  amends a previously filed claim, dated: **02/26/2001**

**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:** \$ **3,597.95**  
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 \_\_\_\_\_  
Value of Collateral: \$ \_\_\_\_\_  
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**  
 Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ **2,689.43**  
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.  
**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  
  
*Ann 1*  
  
9

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):  
*Christine Reed*  
Insolvency Manager

# Proof of Claim for Internal Revenue Taxes

Form 10  
Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: JAMES L & MELISSA R HERSHBERGER  
8165 MCMULLEN  
BOISE, ID 83709

Docket Number

01-00317

Type of Bankruptcy Case

Chapter 13

Date of Petition

02/08/2001

Amendment No. 1 to Proof of Claim dated 02/26/2001

This claim is not subject to any setoff or counterclaim.

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

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
542-98-1377	INCOME	12/31/1999	01/01/2001	\$1,421.00	\$120.43
542-98-1377	INCOME	12/31/2000	2 unassessed liability	\$1,148.00	\$0.00
				<u>\$2,569.00</u>	<u>\$120.43</u>

Total Amount of Unsecured Priority Claims: **\$2,689.43**

## Unsecured General Claims

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
542-98-1377	INCOME	12/31/1995	02/03/1997	\$0.00	\$130.87
542-98-1377	INCOME	12/31/1996	06/02/1997	\$254.15	\$96.45
				<u>\$254.15</u>	<u>\$227.32</u>

Penalty to date of petition on unsecured priority claims (including interest thereon) . . . . . \$326.83

Penalty to date of petition on unsecured general claims (including interest thereon) . . . . . \$100.22

Total Amount of Unsecured General Claims: **\$908.52**

2 THE RETURN HAS BEEN FILED BUT NOT YET ASSESSED. AFTER THE RETURN HAS BEEN ASSESSED, THIS CLAIM WILL BE ADJUSTED AS NECESSARY.