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

Name of Debtor
DAYLE A & EVA H DAWSON

Case Number
00-41381 -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.

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.
- 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.

REC'D
CARRON S. BURKE
CLERK
IDAHO

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Name and addresses where notices should be sent:
**Internal Revenue Service
550 West Fort St MSC 041
Stop SPF
Boise, ID 83724-0041**

Telephone number: (208) 334-1360 Creditor #: 1469559

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

Check here replaces
if this claim amends a previously filed claim, dated: _____

- 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 _____ (date) to _____ (date)

2. Date debt was incurred: see attachment

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 9,115.76

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 \$ 8,026.80

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4000),* 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 \$1800* 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 4/1/98 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.

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Date
08/31/2000

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):
Carol Reed
Chief, Special Procedures

Proof of Claim for Internal Revenue Taxes

Form 10
Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: DAYLE A & EVA H DAWSON
AKA EVA'S YARD CARE
182 E 420 S
JEROME, ID 83338

Docket Number
00-41381
Type of Bankruptcy Case
Chapter 13
Date of Petition
08/18/2000

This claim is not subject to any setoff or counterclaim.

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

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
480-28-8076	INCOME	12/31/1997	05/25/1998	\$6,594.84	\$1,431.96
Total Amount of Unsecured Priority Claims:				\$8,026.80	

Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$1,088.96

Total Amount of Unsecured General Claims: \$1,088.96