

**UNITED STATES BANKRUPTCY COURT**  
 BOISE District of SOUTHERN IDAHO

**PROOF OF CLAIM**  
 Chapter  
 13  
 Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.

**U.S. COURTS**  
 01 SEP -7 PM 1:44  
 REC'D  
 CAMERON S. BURKE  
 CLERK  
 IDAHO  
 THIS SPACE IS FOR COURT USE ONLY

In RE: (Name of Debtor) PERRITTE JAMES CLINIT  
 (Name of Assoc Debtor) PERRITTE STEPHANIE RENEE

Case Number: 0101998

NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property):  
 Idaho State Tax Commission  
 P.O. Box 36  
 Boise, Idaho 83722

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 11 USC 503.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
 SSN/EIN 549310388 A/TIN 546378515

This claim a previously filed claim dated: / /

1. BASIS FOR CLAIM: Taxes

2. DATE DEBT WAS INCURRED:  
 TAX PERIOD(S): See Attached Documents

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following:  
 a. Secured b. Unsecured Nonpriority c. Unsecured Priority  
 It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.

SECURED CLAIM: \$0.00  
 Attach evidence of perfection of security interest  
 Brief description of Collateral: Taxes  
 Amount of Arrearage and other charges at time case was filed included in secured claim above, if any:

UNSECURED PRIORITY CLAIM: \$487.05  
 SPECIFY THE PRIORITY OF THE CLAIM: Taxes

UNSECURED CLAIM: \$0.00  
 A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

5. TOTAL AMOUNT OF CLAIMS AT TIME CASE FILED:  
 UNSECURED: \$0.00 SECURED: \$0.00 PRIORITY: \$487.05 TOTAL: \$487.05  
 Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.  
 Refund due: \$0.00

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7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS.

Date: September 05, 2001

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim.  
  
 CAROLYN KAYS  
 Bankruptcy Department  
 Telephone: (208)334, 7645

IDAHO STATE TAX COMMISSION

BANKRUPTCY DEPARTMENT

CLAIM ATTACHMENT-EXPLANATION OF TAX LIABILITY

DATE: September 05, 2001

PERRITTE JAMES CLINIT	0101998	13	549310388
Name of Debtor(s)	Case Number	Chapter	Debtor SSN/EIN Number

EXPLANATION

Tax Type Codes:	A. Individual Income	D. Use Tax	G. Special Fuels
	B. Corporate	E. Lodging	H. Intnl Fuels
	C. Sales	F. Withholding	I. Miscellaneous

COMMENTS:

UNSECURED PRIORITY CLAIMS

Tax Type & Period	Permit	Date Assessed	Tax Due	Interest to Petition Date	Total	Tax Id Number(s):
A 1999		/ /	\$455.00	\$32.05	\$487.05	546378515
TOTAL UNSECURED PRIORITY CLAIMS:					\$487.05	