

KCC

Fill in this information to identify the case:

Debtor 1 4TH SOURCE INC
 Debtor 2 AGS ALPAMA GLOBAL SERVICES USA LLC
 (Spouse, if filing)
 United States Bankruptcy Court for the: Delaware Bankruptcy Court Wilmington
 Case number 2311339

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 2023 NOV 27 AM 10:17
 CLERK
 US BANKRUPTCY COURT
 DISTRICT OF DELAWARE

Official Form 410
Proof of Claim

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Pennsylvania Department of Revenue
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Pennsylvania Department of Revenue</u> Name	<u>Pennsylvania Department of Revenue</u> Name
	<u>Bankruptcy Division PO Box 280946</u> Number Street	<u>Bankruptcy Division PO Box 280946</u> Number Street
	<u>Harrisburg PA 17128-0946</u> City State ZIP Code	<u>Harrisburg PA 17128-0946</u> City State ZIP Code
	Contact phone <u>(717) 783-8989</u>	Contact phone <u>(717) 783-8989</u>
	Contact email _____	Contact email _____

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KURTZMAN CARSON CONSULTANTS Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____



231129423112700000000006

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 6 2 6

7. How much is the claim? \$ 2,179.22 Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Taxes owed to the State of Pennsylvania

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ 0
Amount of the claim that is secured: \$ 0.00
Amount of the claim that is unsecured: \$ 2,179.22 (The sum of the secured and unsecured amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ 0.00

Annual Interest Rate (when case was filed) 7.00 %

Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ 0.00

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ 0.00

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ 0.00

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ 0.00

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ 2,076.09

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ 0.00

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ 0.00

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/16/2023
MM / DD / YYYY

/s/ Schiavon Williams, Chief
Signature

Print the name of the person who is completing and signing this claim:

Name Heather Haring
First name Middle name Last name

Title _____

Company PA Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4th and Walnut Street
Number Street

Harrisburg PA 17128
City State ZIP Code

Contact phone (717) 705-3982 Email hharing@pa.gov

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**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE**

DISTRICT OF DELAWARE
824 Market ST N 3rd Floor
Wilmington, DE 19801

Debtor: 4TH SOURCE INC

Case ID: 23-11339

Dear Clerk of Courts:

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance. This represents a claim in the sum of:

\$2,179.22

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below. Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope.

Sincerely,

PA Department of Revenue
PO Box 280946
Harrisburg PA 17128
717-425-2495 Extension 91160
717-783-4331 (Fax)

Enclosures



ACKNOWLEDGEMENT



CLAIM NUMBER





pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

**SUPPORTING DOCUMENTATION FOR
TAXES DUE THE COMMONWEALTH OF
PENNSYLVANIA DEPARTMENT OF
REVENUE**

Original Claim
 Amended Claim
This claim supercedes all previous claims filed
Date Amended:

4TH SOURCE INC

AGS ALPAMA GLOBAL SERVICES
USA LLC

UNITED STATES BANKRUPTCY COURT
Delaware Bankruptcy Court Wilmington

Petition Filing Date 28-Aug-2023
Case Number 23-11339
Chapter Chapter 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth . At this present time of the filing of this proof of claim, the Debtor was indebted to the Commonwealth in the

SUM of \$2,179.22 for the following:

- State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P.S. 7210
- Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- Corporate Net Income Tax
- Capital Stock-Franchise Tax
- Corporate Loans Tax
- Other

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability.

Total Secured claim: \$0.00

Pursuant to Section 506(b) of the Bankruptcy Code, post petition Interest may be payable.

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability.

Total administrative: \$0.00

UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority

Liabilities existing before petition date

See attached statement of account detailing the liability.

Total unsecured priority: \$2,076.09

UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the petition filing date

See attached statement of account detailing the liability.

Total unsecured non-priority claim: \$103.13

Credits: The Commonwealth of Pennsylvania, Department of Revenue has not identified a right of setoff or counterclaim in preparing and filing this proof of claim. However, this determination is based on available information and the commonwealth of Pennsylvania, Department of Revenue does not intend to waive any of its available rights to setoff against this claim debts owed to this debtor by this agency . All rights of setoff are preserved and reserved (including those arising as the result of audits, credits, refunds or payments) and will be asserted to the extent lawful.

/s/ Schiavon Williams, Chief



**BANKRUPTCY STATEMENT OF
ACCOUNT**

Petition Date: 28-Aug-2023
Case Number: 23-11339
Chapter: Chapter 11

4TH SOURCE INC
2300 BETHELVIEW RD CUMMING GA 30040-9475

Primary Tax Numbers
FEIN: **-***7626

TYPE OF CLAIM		UNSECURED PRIORITY		Account ID:		*****0794	
TAX TYPE	ESTIMATES	PERIOD	TAX	INTEREST	FEES	PENALTY	BALANCE
Corporate Net Income Tax	No	31-Dec-2019	\$1,616.00	\$225.16	\$0.00	\$0.00	\$1,841.16
			\$1,616.00	\$225.16	\$0.00	\$0.00	\$1,841.16

TYPE OF CLAIM		UNSECURED PRIORITY		Account ID:		*****7076	
TAX TYPE	ESTIMATES	PERIOD	TAX	INTEREST	FEES	PENALTY	BALANCE
Employer Withholding Tax	No	30-Jun-2023	\$0.00	\$12.41	\$0.00	\$0.00	\$12.41
Employer Withholding Tax	No	30-Sep-2022	\$0.00	\$11.71	\$0.00	\$0.00	\$11.71
Employer Withholding Tax	No	30-Jun-2022	\$0.00	\$22.66	\$0.00	\$0.00	\$22.66
Employer Withholding Tax	No	31-Mar-2022	\$0.00	\$29.65	\$0.00	\$0.00	\$29.65
Employer Withholding Tax	No	31-Dec-2021	\$0.00	\$22.04	\$0.00	\$0.00	\$22.04
Employer Withholding Tax	No	30-Sep-2021	\$0.00	\$16.05	\$0.00	\$0.00	\$16.05
Employer Withholding Tax	No	30-Jun-2021	\$0.00	\$14.78	\$0.00	\$0.00	\$14.78
Employer Withholding Tax	No	31-Mar-2021	\$0.00	\$22.61	\$0.00	\$0.00	\$22.61
Employer Withholding Tax	No	31-Dec-2020	\$0.00	\$46.11	\$0.00	\$0.00	\$46.11
Employer Withholding Tax	No	30-Sep-2020	\$0.00	\$36.91	\$0.00	\$0.00	\$36.91
			\$0.00	\$234.93	\$0.00	\$0.00	\$234.93

TYPE OF CLAIM		UNSECURED NON-PRIORITY		Account ID:		*****7626	
TAX TYPE	ESTIMATES	PERIOD	TAX	INTEREST	FEES	PENALTY	BALANCE
Employer Withholding Tax	No	30-Sep-2014	\$0.00	\$0.00	\$0.00	\$32.44	\$32.44
			\$0.00	\$0.00	\$0.00	\$32.44	\$32.44

TYPE OF CLAIM		UNSECURED NON-PRIORITY		Account ID:		*****7076	
TAX TYPE	ESTIMATES	PERIOD	TAX	INTEREST	FEES	PENALTY	BALANCE
Employer Withholding Tax	No	30-Jun-2020	\$0.00	\$37.90	\$0.00	\$0.00	\$37.90
Employer Withholding Tax	No	31-Mar-2020	\$0.00	\$32.79	\$0.00	\$0.00	\$32.79
			\$0.00	\$70.69	\$0.00	\$0.00	\$70.69

Personal Income Tax Estimate: When a tax return is not filed, the estimated tax liability is based on the best available information, such as information obtained from the IRS, information from other taxing authorities, information set forth in the bankruptcy petition or other filings, etc. To remove the estimates, where pertinent, additional information should be provided or complete tax returns should be filed as this is required for the Department to file a liquidated claim for the estimated period(s). Upon request and without the need for filing a formal objection, the Department will provide the necessary information to debtor or debtor's counsel. An amended proof of claim may be filed upon the filing of a complete and signed Form PA-40 tax return and the submission of the required information.

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED.

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE.