

**Fill in this information to identify the case:**

Debtor 1 AGILETHOUGHT LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of DELAWARE

Case number 23-11308-JKS

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

**Official Form 410**  
**Proof of Claim**

04/22

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?  
 Department of Treasury - Internal Revenue Service \_\_\_\_\_ Creditor Number : \_\_\_\_\_  
 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?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Internal Revenue Service	Internal Revenue Service
Name _____	Name _____
P.O. Box 7346	1000 Liberty Avenue, M/S 711B
Number _____ Street _____	Number _____ Street _____
Philadelphia PA 19101-7346	Pittsburgh PA 15222-3714
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Contact phone 1-800-973-0424	Contact phone 412-404-9730
Contact email _____	Contact email Maureen.L.Svetkovich@irs.gov

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? \_\_\_\_\_

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**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: See Attachment

7. How much is the claim? \$ 84,483.39. 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

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:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (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:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_%  
 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. \$ \_\_\_\_\_

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

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.

- |  | Amount entitled to priority |
|--|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).   | \$ _____                    |
| <input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).   | \$ _____                    |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150* 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). | \$ _____                    |
| <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).  | \$ 17,128.64                |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).   | \$ _____                    |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.  | \$ _____                    |

\* Amounts are subject to adjustment on 04/01/25 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 10/04/2023  
MM / DD / YYYY

/s/ MAUREEN SVETKOVICH  
 Signature

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

Name	MAUREEN	SVETKOVICH
	First name	Middle name Last name
Title	Bankruptcy Specialist	
Company	Internal Revenue Service	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	1000 Liberty Avenue, M/S 711B	
	Number	Street
	Pittsburgh	PA 15222-3714
	City	State ZIP Code
Contact phone	412-404-9730	Email Maureen.L.Svetkovich@irs.gov

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DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
1000 Liberty Ave, Room 711B  
Pittsburgh, PA 15222

Small Business/Self-Employed Division

October 3, 2023

Contact: Maureen L. Svetkovich

ID# 0349419

Phone: (412)404-9730

Kurtzman Carson Consultants LLC  
222 N. Pacific Coast Highway  
Suite 300  
El Segundo, CA 90245

Attached are proof of claims for joint administrative cases 23-11339 and 23-11308 under lead case 23-11294 Court: DE01 Chapter: 11 AN GLOBAL LLC.

Please sign, date and return a copy as a form of acknowledgement to my attention at the above address. If you have any questions, I can be reached at 412-404-9730.

Sincerely,

  
Maureen L. Svetkovich  
Bankruptcy Specialist

# Proof of Claim for Internal Revenue Taxes



Form 410  
Attachment

Department of the Treasury/Internal Revenue Service

**In the Matter of:** AGILETHOUGHT LLC

222 W LAS COLINAS BLVD  
SUITE #1650-E  
IRVING, TX 75039

Case Number  
23-11308-JKS

Type of Bankruptcy Case  
CHAPTER 11

Date of Petition  
08/28/2023

The United States has the right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

## 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>
XX-XXX7076	WT-FICA	06/30/2020	10/19/2020	\$0.00	\$15,021.23
XX-XXX7076	EXCISE	06/30/2021	1 D-ESTIMATED-SEE NOTE	\$950.00	\$0.00
XX-XXX7076	8955-SSA	12/31/2022	08/21/2023	\$0.00	\$0.00
XX-XXX7076	EXCISE	06/30/2023	2 1-ESTIMATED-SEE NOTE	\$952.28	\$5.13
XX-XXX7076	WT-FICA	09/30/2023	1 D-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX7076	FUTA	12/31/2023	1 D-ESTIMATED-SEE NOTE	\$100.00	\$0.00
				\$2,102.28	\$15,026.36

**Total Amount of Unsecured Priority Claims:** **\$17,128.64**

## Unsecured General Claims

<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>
XX-XXX7076	EXCISE	06/30/2018	1 D-ESTIMATED-SEE NOTE	\$950.00	\$0.00
XX-XXX7076	EXCISE	06/30/2019	1 D-ESTIMATED-SEE NOTE	\$950.00	\$0.00
XX-XXX7076	EXCISE	06/30/2020	1 D-ESTIMATED-SEE NOTE	\$950.00	\$0.00
				\$2,850.00	\$0.00

Penalty to date of petition on unsecured priority claims (including interest thereon) . . . . . \$64,504.75

**Total Amount of Unsecured General Claims:** **\$67,354.75**

*Continued from Page 1*

1 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.

2 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.