

## Fill in this information to identify the case:

Debtor 1 CCA Construction IncDebtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 24-22548

## Official Form 410

## Proof of Claim

12/15

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?	NEW YORK STATE DEPARTMENT OF LABOR 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  NYS DEPT. OF LABOR Name 1220 WASHINGTON AVE,BLDG 12-RM 256 Number Street ALBANY NY 12226 City State ZIP Code Contact phone 518-457-5789 Contact email BANKRUPTCY@LABOR.NY.GOV	<b>Where should payments to the creditor be sent? (if different)</b>  NYS DEPT. OF LABOR Name 1220 WASHINGTON AVE,BLDG12-RM 256 Number Street ALBANY NY 12226 City State ZIP Code Contact phone 518-457-5789 Contact email BANKRUPTCY@LABOR.NY.GOV
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?	



24225482501280000000000004

**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: 2 0 2 9

7. How much is the claim? \$ 0.00 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.

UNEMPLOYMENT INSURANCE CONTRIBUTIONS

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: \_\_\_\_\_

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

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

- ☐ No  
☒ Yes. Check one:

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  
☐ Up to \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).  
☐ Wages, salaries, or commissions (up to \$12,475\*) 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).  
☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).  
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).  
☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ 0.00  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 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:

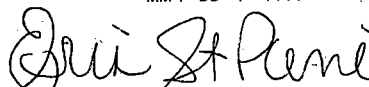
- ☐ I am the creditor.  
☒ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 01/21/2025  
MM / DD / YYYY



Signature

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

Name Erin St. Pierre  
First name Middle name Last name

Title UI EMPLOYER COMPLIANCE AGENT

Company NEW YORK STATE DEPARTMENT OF LABOR

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1220 WASHINGTON AVE, STATE CAMPUS BLDG 12-ROOM 256

Number Street

ALBANY NY 12226

City State ZIP Code

Contact phone 518-457-5789 Email BANKRUPTCY@LABOR.NY.GOV

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JAN 28 2025

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# WE ARE YOUR DOL



Department  
of Labor

Kathy Hochul, Governor  
Roberta L. Reardon, Commissioner

01/21/25

CLERK OF THE COURT  
U.S. BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY  
402 E. STATE ST.  
TRENTON, NJ 08608-0000

RE: CCA CONSTRUCTION INC  
ER# 47-02029  
ARRANGEMENT# 24-22548

Dear Sir:

Enclosed is an Unliquidated Claim of the New York State Department of Labor for Unemployment Insurance Contributions due from the above. The State of New York claims priority in payment under the provisions of the New York State Unemployment Insurance Law.

Please acknowledge receipt of this claim to the Unemployment Insurance Division in the enclosed envelope.

Very truly yours,

A handwritten signature in cursive script that reads "Erin St Pierre".

Erin St Pierre  
UI Employer Compliance Agent 2

ES:es  
Encl.

IA168.2U (6-12)

Telephone (518) 485-1999

[nysdol@labor.state.ny.us](mailto:nysdol@labor.state.ny.us)

Fax (518) 457-3256

NYS Department of Labor, State Office Campus, Building # 12, Room # 256, Albany, NY 12240



**New York State Department of Labor**

Kathy Hochul, Governor

Roberta Reardon, Commissioner

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY  
ARRANGMENT# 24-22548**

**UNLIQUIDATED CLAIM FOR  
UNEMPLOYMENT  
INSURANCE CONTRIBUTIONS DUE -  
PRIORITY CLAIM**

**CLERK OF COURT  
U.S. BANKRUPTCY COURT  
402 E. STATE ST.  
TRENTON, NJ 08608-0000**

**IN THE MATTER OF:  
CCA CONSTRUCTION INC  
ER# 47-02029**

**DEBTOR**

1. **Erin St Pierre** is an agent of the New York State Department of Labor, Unemployment Insurance Division, and is authorized to make this claim on behalf of the Commissioner of Labor of the State of New York pursuant to Article 18 of the Labor Law of the State of New York.
2. The debtor is justly and truly liable to the New York State Department of Labor for unpaid unemployment insurance contributions in an amount unknown at the present time.
3. The New York State Department of Labor will file a claim and assessments in these proceedings as soon as the necessary information can be obtained to fix and determine the debt. Such claim is capable of liquidation or of reasonable assessment, and such liquidation or assessment will not unduly delay the proceedings herein.
4. The New York State Department of Labor claims **priority** for the payment of such unemployment insurance contributions as are due.
5. There are no setoffs or counterclaims.
6. Correspondence regarding this claim should be forwarded to the New York State Department of Labor, Insolvency Unit, at the address indicated above.

**Dated: 01/21/25**

**Commissioner of Labor**

**By: Erin St Pierre  
UI Employer Compliance Agent 2  
Unemployment Insurance Division**

IA 38U (6-12)