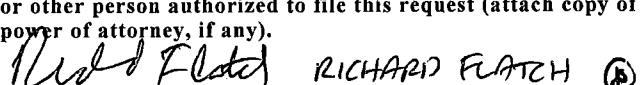


REQUEST FOR PAYMENT OF
ADMINISTRATIVE EXPENSE

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY			
In re: CCA Construction, Inc.	Chapter 11 Case Number: 24-22548-CMG		
<p>NOTE: This form should not be used for an unsecured claim arising prior to the commencement of the case. In such instances, a proof of claim should be filed.</p>			
Name of Creditor: State of New Jersey, Division of Taxation (The person or other entity to whom the debtor owed money or property.)	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and Addresses Where Notices Should Be Sent: State of New Jersey Department of Treasury Division of Taxation PO Box 245 Trenton, NJ 08695-0245			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	Check here if this request: <input type="checkbox"/> replaces a previously filed request, dated: _____ <input type="checkbox"/> amends a previously filed request, dated: _____		
1. BASIS FOR CLAIM	<input type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____		
2. DATE DEBT WAS INCURRED:	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries and compensations (Fill out below) Provide last four digits of your social security number _____ <input checked="" type="checkbox"/> Date Stamped Copy Returned <input type="checkbox"/> No self addressed stamped envelope <input type="checkbox"/> No copy to return		
3. TOTAL AMOUNT OF REQUEST AS OF ABOVE DATE: \$27,268.49			
<input checked="" type="checkbox"/> Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.			
4. Secured Claim	<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).		
Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____			
Value of Collateral: \$ _____			
<input checked="" type="checkbox"/> Check this box if there is no collateral or lien securing your claim.			
5. Credits: The amount of all payments have been credited and deducted for the purposes of making this request for payment of administrative expenses.			
6. Supporting Documents: Attach copies of supporting documents, such as purchase orders, invoices, itemized statements of running accounts, contracts as well as any evidence of perfection of a lien.			
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
7. Date-Stamped Copy: To receive an acknowledgment of the filing of your request, enclose a self-addressed envelope and copy of this request.			
Date: 1/15/2026	Sign and print below the name and title, if any, of the creditor or other person authorized to file this request (attach copy of power of attorney, if any).  RICHARD FLATLEY (R)		
THIS SPACE IS FOR COURT USE ONLY			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

NOTE: The filing of this request will not result in the scheduling of a hearing to consider payment of your administrative claim but will result in the registry of your administrative claim with the Bankruptcy Court. If you wish to have a hearing scheduled on your claim, you must file a motion in accordance with D.N.J. LBR 3001-1(b).

rev.8/1/15



2422548260202000000000002



State of New Jersey
Department of the Treasury
Division of Taxation
PO Box 245
Trenton, New Jersey 08695-0245

IN THE MATTER OF:

DEBTOR(S): CCA Construction, Inc.
DOCKET NO: 24-22548-CMG
TAX IDENTIFICATION NO: xxx-xxx-862

SCHEDULE OF ADMINISTRATIVE LIABILITIES

TYPE OF TAX	RTN PERIOD BEGIN	END	ITEM TYPE	TAX LIABILITY	PENALTY	INTEREST	AMOUNTS CREDITED	BALANCE DUE
GIT-ER	10/2024	12/2024	DEF	\$79,559.61	\$0.00	\$1,225.76	\$68,520.21	\$12,265.16

TOTAL \$12,265.16

DEL: Delinquent; Return Not Filed (Estimated Tax Liability)
DEF: Deficient, Underpayment
S&U: Sales and Use Tax
CBT: Corporation Business Tax
GIT-ER: Gross Income Tax – Employer Withholding
TGI-EE: Gross Income Tax – Individual

IN REPLY REFER TO:
RICHARD FLATCH

BANKRUPTCY SECTION
PO BOX 245
TRENTON, NJ 08695-0245
P (609) 322-6525
F (609) 984-5754
Richard.Flatch@treas.nj.gov



State of New Jersey
Department of the Treasury
Division of Taxation
PO Box 245
Trenton, New Jersey 08695-0245

IN THE MATTER OF:

**DEBTOR(S): CCA Construction, Inc.
CSCEC Holding Company, Inc.**

DOCKET NO: 24-22548-CMG

**TAX IDENTIFICATION NO: xxx-xxx-862
xxx-xxx-539**

SCHEDULE OF ADMINISTRATIVE LIABILITIES

TYPE OF TAX	RTN PERIOD BEGIN	ITEM END	TAX TYPE	PENALTY LIABILITY	INTEREST	AMOUNTS CREDITED	BALANCE DUE	
CBT	01/2024	12/2024	DEF	\$16,000.00	\$0.00	\$1,003.33	\$2,000.00	\$15,003.33

TOTAL \$15,003.33

DEL: Delinquent; Return Not Filed (Estimated Tax Liability)
DEF: Deficient, Underpayment
S&U: Sales and Use Tax
CBT: Corporation Business Tax
GIT-ER: Gross Income Tax – Employer Withholding
TGI-EE: Gross Income Tax – Individual

**IN REPLY REFER TO:
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