

AMENDED POST-PETITION PRIORITY GENERAL UNSECURED SECURED

## Fill in this information to identify the case:

Debtor 1 Eiger BioPharmaceuticals, INC.Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas

Case number 24-80040-sgj11

## Official Form 410

## Proof of Claim

04/19

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.

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

## Part 1: Identify the Claim

|  |   |   |
|--|---|---|
| 1. Who is the current creditor?  | State of New Jersey Division of Taxation Bankruptcy Section<br>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<br><input type="checkbox"/> Yes. From whom? _____  |   |
| 3. Where should notices and payments to the creditor be sent?<br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent?<br>State of NJ Division of Taxation Bankruptcy<br>Name<br>PO Box 245<br>Number Street<br>Trenton NJ 08695<br>City State ZIP Code<br>Contact phone (609)322-6533<br>Contact email Munir.Samad@treas.nj.gov | Where should payments to the creditor be sent? (if different)<br>Name<br>Number Street<br>City State ZIP Code<br>Contact phone _____<br>Contact email _____ |
| <p>RECEIVED</p> <p>APR 30 2024</p> <p>KURTZMAN CARSON CONSULTANTS</p>  |   |   |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____                            |   |   |
| 4. Does this claim amend one already filed?  | <input checked="" type="checkbox"/> No<br><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<br><input type="checkbox"/> Yes. Who made the earlier filing? _____  |   |



**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: 1 5 9 1

7. How much is the claim? \$ 16,000.00 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.  
State 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.)  
**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: \_\_\_\_\_

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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 \$3,025\* 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 \$13,650\*) 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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 16,000.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 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 04/09/2024  
MM / DD / YYYY

Signature

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

Name Munir A. Samad  
First name Middle name Last name

Title Authorized Agent

Company State of NJ Division of Taxation Bankruptcy Section  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 245  
Number Street

Trenton NJ 08695  
City State ZIP Code

Contact phone (609)322-6533 Email munir.samad@treas.nj.gov

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

April 9, 2024

IN THE MATTER OF:

DEBTOR(S): **EIGER BIOPHARMACEUTICALS, INC.**  
PETITION NO: **24-80040-SGJ11**  
TAX IDENTIFICATION NO: **\*\*\*-\*\*\*1-591/000**

**PRIORITY SCHEDULE OF LIABILITIES**

| TYPE OF TAX           | RETURN PERIOD | ITEM TYPE | TAX LIABILITY    | INTEREST    | AMOUNTS CREDITED | BALANCE DUE      |
|-----------------------|---------------|-----------|------------------|-------------|------------------|------------------|
| GIT-ER                | 04/20-06/20   | DEL       | 1,000.00         | 0.00        | 0.00             | 1,000.00         |
| GIT-ER                | 07/20-09/20   | DEL       | 1,000.00         | 0.00        | 0.00             | 1,000.00         |
| GIT-ER                | 10/20-12/20   | DEL       | 1,000.00         | 0.00        | 0.00             | 1,000.00         |
| GIT-ER                | 01/21-12/21*  | DEL       | 4,000.00         | 0.00        | 0.00             | 4,000.00         |
| GIT-ER                | 01/22-12/22*  | DEL       | 4,000.00         | 0.00        | 0.00             | 4,000.00         |
| GIT-ER                | 01/23-12/23*  | DEL       | 4,000.00         | 0.00        | 0.00             | 4,000.00         |
| GIT-ER                | 01/24-03/24   | DEL       | 1,000.00         | 0.00        | 0.00             | 1,000.00         |
| <b>Priority Total</b> |               |           | <b>16,000.00</b> | <b>0.00</b> | <b>0.00</b>      | <b>16,000.00</b> |

\*Indicates all tax quarters for the referenced time frame.

DEL: Delinquent, No Return – Estimated Tax Liability  
DEF: Deficient, Underpayment  
S&U: Sales and Use Tax  
CBT: Corporation Business Tax  
GIT-ER: Gross Income tax – Employer Withholding  
COSTS: Costs of Collections  
RF: Collection Agency Costs of Recovery Fee  
TGI-EE: Gross Income Tax – Individual  
AUD: Audit Amount  
TGI-NR: Gross Income Tax – Non-Resident  
ASM: Assessed amount owed  
CAR-DF: Corporation Annual Reporting Fee  
SAVER: Homestead Rebate Program  
IST-NJ: Interstate Sales Tax New Jersey

IN REPLY REFER TO:  
MUNIR A. SAMAD  
BANKRUPTCY SECTION  
PO BOX 245  
TRENTON, NJ 08695-0245  
PH: (609) 322-6533  
FAX: (609) 292-9614  
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