Fill in this information to identify the case:	
Debtor 1 DEVICESCAPE HOLDINGS INC Debtor 2	Date Stamped Copy Returned No self addressed stamped enveloped
(Spouse, if filing) United States Bankruptcy Court for the: SOUTHERN District of NEW YORK	— ☐ No copy to return
Case number	

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.

1.	Who is the current creditor?	Department of Treasury - Internal Revenue Service 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?	X No Yes. From whom	n?	_			
3.	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)		
	creditor be sent?	Internal Revenue Service			Internal Revenue Service		
	Federal Rule of Bankruptcy Procedure	Name			Name		
	(FRBP) 2002(g)	P.O. Box 7346			290 Broadway		
		Number Street			Number Street		
		Philadelphia	PA	19101-7346	New York	NY_	10007
		City	State	ZIP Code	City	State	ZIP Co
		Contact phone1-80	0-973-0424		Contact phone (21)	2) 436-1338	
R	ECEIVED	Contact email			Contact email Sand		
A	UG 0 5 2022	Creditor Number: CL	AIMS AGENT	_			
8 0	GG G 2 FOFF	Uniform claim identifie	r for electronic payme	nts in chapter 13 (if you u	ise one):		
aaf	ANCARSON CONSULTANTS						
4.	Does this claim amend one already filed?	X No Yes. Claim num	nber on court claims	registry (if known)		Filed on MM / D	J YÝYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	X No Yes, Who made	e the earlier filing?				-

Official Form 410

Proof of Claim

page 1



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?	\$NoNo
3. 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?	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.)
RECEIVED AUG 0-5 2022	Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed)% Fixed
KURTZMAN CARSON CONSUL	Variable
10. Is this claim based on a lease?	X 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 .

entitled to priority under	No					
11 U.S.C. § 507(a)?	Yes, Check of	ne:		Amount entitled to priority		
A claim may be partly priority and partly		support obligations (including alimony and child support § $507(a)(1)(A)$ or $(a)(1)(B)$.	t) under	\$		
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$3, personal,	350* of deposits toward purchase, lease, or rental of profamily, or household use. 11 U.S.C. § 507(a)(7).	operty or services for	\$		
entitied to priority.	└──bankrupto	alaries, or commissions (up to \$15,150*) earned within by petition is filed or the debtor's business ends, whicher \$507(a)(4).	180 days before the ver is earlier.	\$		
		penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$923,250.0		
	Contribut	ions to an employee benefit plan. 11 U.S.C. § 507(a)(5)		\$		
	Other. Sp	ecify subsection of 11 U.S.C. § 507(a)() that applies.		\$		
	* Amounts are	e subject to adjustment on 4/01/25 and every 3 years after that f	or cases begun on or afte	er the date of adjustment.		
Part 3: Sign Below	***************************************			774111		
The person completing	Check the approp	riata hov				
this proof of claim must	_					
sign and date it. FRBP 9011(b).	X I am the cred					
• •		itor's attorney or authorized agent.				
If you file this claim electronically, FRBP	\vdash	ee, or the debtor, or their authorized agent. Bankruptcy				
5005(a)(2) authorizes courts	I am a guara	ntor, surety, endorser, or other codebtor. Bankruptcy Ru	ile 3005.			
to establish local rules	•					
specifying what a signature is.		an authorized signature on this <i>Proof of Claim</i> serves as m, the creditor gave the debtor credit for any payments				
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
years, or both.	I declare under pe	enalty of perjury that the foregoing is true and correct.				
18 U.S.C. §§ 152, 157, and						
18 U.S.C. §§ 152, 157, and 3571.	Executed on date					
	Executed on date	07/29/2022 MM / DD / YYYY				
	Executed on date					
	Executed on date	MM / DD / YYYY				
	ب	MM / DD / YYYY				
	/s/ SANDRA FE	MM / DD / YYYY	lm:			
	/s/ SANDRA FE	ELIU f the person who is completing and signing this clai	i m: FELIU			
	/s/ SANDRA FE Signature	First name MM / DD / YYYY SLIU f the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing this claimant of the person who is completing and signing the person of the person who is completely and the person of the person o				
	/s/ SANDRA FE Signature	ELIU f the person who is completing and signing this clai	FELIU			
	Is/ SANDRA FE Signature Print the name o	SANDRA First name Bankruptcy Specialist Internal Revenue Service	FEL U Last name			
3571.	Is/ SANDRA FE Signature Print the name of Name Title	SANDRA First name Bankruptcy Specialist	FEL U Last name			
RECEIVED	/s/ SANDRA FE Signature Print the name of Name Title Company	SANDRA First name Bankruptcy Specialist Internal Revenue Service	FEL U Last name			
3571.	Is/ SANDRA FE Signature Print the name of Name Title	ELIU f the person who is completing and signing this claid SANDRA First name Middle name Bankruptcy Specialist Internal Revenue Service Identify the corporate servicer as the company if the authorizer	FELIU Last name			
RECEIVED	/s/ SANDRA FE Signature Print the name of Name Title Company	First name Middle name Bankruptcy Specialist Internal Revenue Service Identify the corporate servicer as the company if the authorizer	FELIU Last name d agent is a servicer.			
RECEIVED	/s/ SANDRA FE Signature Print the name of Name Title Company	SANDRA First name Middle name Bankruptcy Specialist Internal Revenue Service Identify the corporate servicer as the company if the authorized 290 Broadway Number Street New York N	FELIU Last name d agent is a servicer.			

Proof of Claim for Internal Revenue Taxes



Form 410 Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: DEVICESCAPE HOLDINGS INC

1185 AVENUE OF AMERICAS 2ND FLR NEW YORK, NY 10036

Case Number 22-10617-LGB

Type of Bankruptcy Case CHAPTER 11

Date of Petition 05/15/2022

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.

Taxpayer ID			•		
Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX2909	WT-FICA	06/30/2016	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$1,086.89
XX-XXX2909	WT-FICA	09/30/2016	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$1,036.20
XX-XXX2909	WT-FICA	12/31/2016	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$986.00
XX-XXX2909	WT-FICA	03/31/2017	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$937.77
XX-XXX2909	WT-FICA	06/30/2017	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$888.46
XX-XXX2909	WT-FICA	09/30/2017	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$839.65
XX-XXX2909	WT-FICA	12/31/2017	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$791.30
XX-XXX2909	WT-FICA	03/31/2018	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$741.09
XX-XXX2909	WT-FICA	06/30/2018	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$681.96
XX-XXX2909	WT-FICA	09/30/2018	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$623.62
XX-XXX2909	WT-FICA	12/31/2018	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$562.11
XX-XXX2909	WT-FICA	03/31/2019	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$496.17
XX-XXX2909	WT-FICA	06/30/2019	1 1-ÉSTIMATED-SEE NOTE	\$3,979.42	\$432.74
XX-XXX2909	WT-FICA	09/30/2019	1 1-ESTIMATED-SEE NOTE	\$3,979.42	\$377.48
XX-XXX2909	FUTA	12/31/2019	1 1-ESTIMATED-SEE NOTE	\$147.00	\$11.92
XX-XXX2909	WT-FICA	06/30/2020	1 1-ESTIMATED-SEE NOTE	\$98,247.60	\$5,541.23
XX-XXX2909	WT-FICA	09/30/2020	1 1-ESTIMATED-SEE NOTE	\$98,247.60	\$4,761.52
XX-XXX2909	WT-FICA	12/31/2020	1 1-ESTIMATED-SEE NOTE	\$98,247.60	\$3,986.98
XX-XXX2909	WT-FICA	03/31/2021	1 1-ESTIMATED-SEE NOTE	\$98,247.60	\$3,241.88
XX-XXX2909	WT-FICA	06/30/2021	1 1-ESTIMATED-SEE NOTE	\$98,247.60	\$2,477.39
XX-XXX2909	WT-FICA	09/30/2021	1 1-ESTIMATED-SEE NOTE	\$98,247.60	\$1,718.63
XX-XXX2909	WT-FICA	12/31/2021	1 1-ESTIMATED-SEE NOTE	\$98,247.60	\$965.61
XX-XXX2909	CORP-INC	12/31/2021	2 D-ESTIMATED-SEE NOTE	\$500.00	\$0.00
XX-XXX2909	FUTA	12/31/2021	2 1-ESTIMATED-SEE NOTE	\$42.00	\$0.41

Continued from Page 1

Taxpayer ID					
Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX2909	WT-FICA	03/31/2022	2 1-ESTIMATED-SEE NOTE	\$98,247.60	\$161.63
XX-XXX2909	WT-FICA	04/01/2022 - 05/15/2022	3 C-ESTIMATED-SEE NOTE	\$47,504.34	\$0.00
XX-XXX2909	FUTA	01/01/2022 - 05/15/2022	3 C-ESTIMATED-SEE NOTE	\$15.42	\$0.00
				\$889,901.44	\$33,348.64

Total Amount of Unsecured Priority Claims:

\$923,250.08

Unsecured General Claims						
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date	
XX-XXX2909	FUTA	12/31/2016	3 1-ESTIMATED-SEE NOTE	\$147.00	\$36.41	
XX-XXX2909	FUTA	12/31/2017	3 1-ESTIMATED-SEE NOTE	\$147.00	\$29.23	
XX-XXX2909	FUTA	12/31/2018	3 1-ESTIMATED-SEE NOTE	\$147.00	\$20.77	
				\$441.00	\$86.41	

Total Amount of Unsecured General Claims:

\$527.41

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.

³ LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BÉCAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.