

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

Debtor 1 Plastiq Inc

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

United States Bankruptcy Court for the: District of Delaware

Case number 23-10671-BLS

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 2023 OCT 24 AM 10:41  
 CLERK  
 U.S. BANKRUPTCY COURT  
 DISTRICT OF DELAWARE

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? ADP INC  
 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)

<p>Where should notices to the creditor be sent?</p> <p><u>ADP INC</u>          Name  <u>1851 N. Resler</u>          Number Street  <u>EL Paso TX 79912</u>          City State ZIP Code          Contact phone _____          Contact email _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>Same</u>          Name          Number Street          City State ZIP Code          Contact phone _____          Contact email _____</p>
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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?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on 09/25/2023  
 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: 7 4 8 0

7. How much is the claim? \$ 414.38. 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.  
services performed

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)?

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.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

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

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.

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

\* 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 10/23/2023  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name \_\_\_\_\_  
First name Middle name Last name

Title Accounts Receivable

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

Address 1851 N. Resler  
Number Street

El Paso TX 79912  
City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

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Invoice Number : 643574948  
Invoice Date : 09/29/2023

CURRENT CHARGES

ADP WORKFORCE NOW COMPANY CODE 0075-1W-XDZ	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
<b>Processing Charges for Period Ending Date: 09/11/2023</b>					
<b>Workforce Now Human Capital Management (HCM) Suite</b> Includes: Health and Welfare 3rd Party Carrier Con Enhanced HR Document Cloud Benefits Administration 401K Feedback	14	\$10.90 each		\$152.60	
	14	\$0.52 each		\$7.28	
<b>ADP Marketplace for Period Ending Date: 10/13/2023</b>					
<b>Orgchart Now Premium For Adp Workforce Now - Premium 250</b>	1			\$175.00	

TOTAL CHARGES FOR COMPANY CODE: 0075-1W-XDZ \$334.88

CURRENT CHARGES

ADP TIME AND ATTENDANCE COMPANY CODE 0075-8Y-XDZ	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
<b>Processing Charges</b>					
<b>Workforce Now Essential Time and Attendance</b>	3			\$79.50	

TOTAL CHARGES FOR COMPANY CODE: 0075-8Y-XDZ \$79.50

**Total Due This Invoice \$414.38**

DATE: 10/23/2023

ORACLE ADJUSTMENTS

Client Number	Customer Name	Activity Name	Transfer to GL #	Transaction Number	Receipt Number	Adjustment Amount
437480	PLASTIQ INC	Write-off Bad Debt - Bankruptcy		643574948		\$414.38

TOTAL ADJUSTMENT: \$414.38

Requester: Nancy Quinonz Ruiz  
Reviewer: \_\_\_\_\_

Date: 10/18/2023  
Date: \_\_\_\_\_

Service Desk #:

Purpose/Explanation ** Required **
CH 11

Controller Approval Attached

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**INVOICE**

ADP, Inc.  
PO Box 31001-1874  
Pasadena CA 91110-1874

Client Name	: PLASTIQ INC
Client Number	: 437480
Invoice Number	: 643574948
Invoice Date	: 09/29/2023
Invoice Due Date	: 10/06/2023
Total Due This Invoice	: \$414.38

**i** **Inquiries**  
For Product/Service inquiries, please contact your Client Service Team.

MARCI BENNETT  
PLASTIQ INC  
447 SUTTER ST  
STE 405  
SAN FRANCISCO, CA 94108-4618

**SUMMARY OF CURRENT CHARGES**

NAME	COMPANY CODE	PRODUCT	PROCESSING CHARGES	TAX	TOTAL
Plastiq Inc	0075-1W-XDZ	ADP Workforce Now	\$334.88		\$334.88
Plastiq Inc	0075-8Y-XDZ	ADP Time and Attendance	\$79.50		\$79.50
<b>Total Due This Invoice</b>					<b>\$414.38</b>

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**WE APPRECIATE YOUR BUSINESS!**

- Send your payment with the return stub below in the enclosed return envelope.
- Include on your check, the client number and invoice number to ensure accurate payment processing.
- Make your check payable to ADP, Inc. and mail to the address listed below.

**Return Stub**

Mail check payment to:



ADP, Inc.  
PO Box 31001-1874  
Pasadena, CA 91110-1874

Client Name	: PLASTIQ INC
Client Number	: 437480
Invoice Number	: 643574948
Invoice Date	: 09/29/2023
Invoice Due Date	: 10/06/2023
Total Due This Invoice	: \$414.38
Amount Enclosed	\$ <input type="text"/>

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