

Fill in this information to identify the case:

Debtor Plastiq Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 23-10671

**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 or 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?	<u>Michigan Department of Treasury</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	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?	Where should notices to the creditor be sent? Michigan Department of Treasury Michigan Department of Treasury Bankruptcy Unit, P.O. Box 30168 Lansing, MI 48909, United States Contact phone <u>5172415002</u> Contact email <u>millerj51@michigan.gov</u>	Where should payments to the creditor be sent? (if different) See summary page Contact phone <u>517-241-5002</u> Contact email _____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) 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 _____ <small>MM / DD / YYYY</small>	
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? _____	



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: 6125 ____

7. How much is the claim? \$ 11408.08. 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.
Tax

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount 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: _____



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.

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Check all that apply:		Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).		\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) 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).		\$ _____
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).		\$ <u>10,678.66</u>
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).		\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies.		\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 11/22/2023
MM / DD / YYYY

/s/Jeanmarie Miller
Signature

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

Name Jeanmarie Miller
First name Middle name Last name

Title Assistant Attorney General

Company State of Michigan Attorney General
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3030 West Grand Blvd., Cadillac Place, Suite 10-200, Detroit, MI, 48202, United States

Contact phone 3134560140 Email MillerJ51@michigan.gov



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7180 | International 001-310-823-9000

Debtor: 23-10671 - Plastiq Inc.		
District: District of Delaware		
Creditor: Michigan Department of Treasury Michigan Department of Treasury Bankruptcy Unit P.O. Box 30168 Lansing, MI, 48909 United States Phone: 5172415002 Phone 2: Fax: Email: millerj51@michigan.gov	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
Has Related Claim: No Related Claim Filed By:		
Filing Party: Authorized agent		
Disbursement/Notice Parties: Michigan Department of Treasury/Revenue/AG P.O. Box 30456 Lansing, MI, 48909 United States Phone: 517-241-5002 Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Tax	Last 4 Digits: Yes - 6125	Uniform Claim Identifier:
Total Amount of Claim: 11408.08	Includes Interest or Charges: Yes	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(8): 10,678.66	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	

Submitted By:

Jeanmarie Miller on 22-Nov-2023 10:17:24 a.m. Eastern Time

Title:

Assistant Attorney General

Company:

State of Michigan Attorney General

Optional Signature Address:

3030 West Grand Blvd.

Cadillac Place

Suite 10-200

Detroit, MI, 48202

United States

Telephone Number:

3134560140

Email:

MillerJ51@michigan.gov

Michigan Department of Treasury 4265 (11-04) Sworn Summary Issued under federal code, Title XI Type of Claim: Priority Original	66791716	Case Number: 23-10671 BLS	Page 1 of 1 3205205
		Taxpayer Identification: 6125	Attorney General: ATTORNEY DETROIT

PLASTIQ INC JOINTLY ADMIN - PLASTIQ INC 1475 FOLSOM STREET SUITE 400 SAN FRANCISCO, CA. 94103	Other Identification: F6125
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Assessment Number	Debt Code	Assessment Date	Account ID	Tax Period	*If Est	Tax Deficiency	Penalty	Interest
VB2OT3F	MWT	08/28/23	F6125	JANUARY 2023	*	\$2,203.83	\$0.00	\$30.70
VB2OT3G	MWT	08/28/23	F6125	FEBRUARY 2023	*	\$2,203.83	\$0.00	\$21.49
VB2OT3H	MWT	08/28/23	F6125	APRIL 2023	*	\$3,569.42	\$0.00	\$1.11
VB3QG0X	MWT	11/02/23	F6125	5/1/2023 - 5/23/23	*	\$2,648.28	\$0.00	\$0.00

Debt Codes: MWT - MICHIGAN WITHHOLDING TAX						\$10,625.36	\$0.00	\$53.30
					TOTAL CLAIM		\$10,678.66	

* An asterisk in this column indicates that tax liability is estimated based on the best information available since actual returns have not been filed. This claim will be adjusted when actual returns are filed.

KAVITA KALE _____ being duly sworn, deposes and says (s)he is authorized to act for the Department of Treasury and, to the best of her/his knowledge and belief, the defendant is indebted to the State of Michigan in this amount.

Signature /s/ Kavita Kale	Date: 11/08/2023
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Michigan Department of Treasury 4265 (11-04) Sworn Summary Issued under federal code, Title XI Type of Claim: Unsecured Original	66791718	Case Number: 23-10671 BLS	Page 1 of 1 3205205
		Taxpayer Identification: 6125	Attorney General: ATTORNEY DETROIT

PLASTIQ INC JOINTLY ADMIN - PLASTIQ INC 1475 FOLSOM STREET SUITE 400 SAN FRANCISCO, CA. 94103	Other Identification: F6125
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Assessment Number	Debt Code	Assessment Date	Account ID	Tax Period	*If Est	Tax Deficiency	Penalty	Interest
VB2OT3F	MWT	08/28/23	F6125	JANUARY 2023	*	\$0.00	\$330.57	\$0.00
VB2OT3G	MWT	08/28/23	F6125	FEBRUARY 2023	*	\$0.00	\$220.38	\$0.00
VB2OT3H	MWT	08/28/23	F6125	APRIL 2023	*	\$0.00	\$178.47	\$0.00

Debt Codes: MWT - MICHIGAN WITHHOLDING TAX	\$0.00	\$729.42	\$0.00
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TOTAL CLAIM \$729.42

* An asterisk in this column indicates that tax liability is estimated based on the best information available since actual returns have not been filed. This claim will be adjusted when actual returns are filed.

KAVITA KALE _____ being duly sworn, deposes and says (s)he is authorized to act for the Department of Treasury and, to the best of her/his knowledge and belief, the defendant is indebted to the State of Michigan in this amount.

Signature: */s/ Kavita Kale* Date: 11/08/2023