

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? \$ 1,286.23 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. 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 \$ 0.00

Amount of the claim that is secured \$ 0.00

Amount of the claim that is unsecured \$ 1,286.23 (The sum of the secured and unsecured amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition \$ 0.00

Annual Interest Rate (when case was filed) 0%

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 \$ 0.00

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.

- No
- Yes *Check one*
- | | |
|---|---|
| <input type="checkbox"/> 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
\$ _____ |
| <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) | \$ _____ 1,286.23 |
| <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)() 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.

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

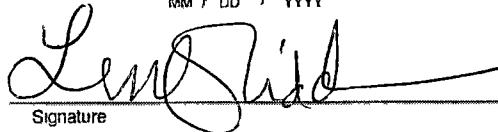
- I am the creditor
- I am the creditor's attorney or authorized agent
- I am the trustee or the debtor, or their authorized agent Bankruptcy Rule 3004
- I am a guarantor, surety, endorser, or other codebtor Bankruptcy Rule 3005

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 02/12/2024
MM / DD / YYYY


Signature

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

Name Liz Riddle
First name Middle name Last name

Title Authorized Representative

Company California Department of Tax and Fee Administration/Collections Support MIC 55
Identify the corporate servicer as the company if the authorized agent is a servicer

Address PO BOX 942879
Number Street
Sacramento CA 94279 0055
City State ZIP Code

Contact phone 1 916 309 5650 Email LegalSOB@cdtfa.ca.gov

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CLAIM SUMMARY, CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION, dated 02/12/2024

Debtor Debtor 1 PLASTIQ INC Debtor 2	Case Number - Chapter Petition Date 23 10671 (11) 05/24/2023
Account Number(s) 042 179751	Court District Of Delaware Wilmington

SUMMARY OF LIABILITY

CLAIM CLASS	TAX PROGRAM OR REASON	DEBT PERIOD	TAX	INTEREST (to petition or conversion date)	PENALTY	TOTAL
1 P	1	01/01/2022 12/31/2022	1 261 00	25 23	0 00	1 286 23
2		-				
3		-				
4						
5						
6		-				
7						
8						
9						
10						
11						
12						
13						
14						
15						
16		-				
17		-				
18		-				
19		-				
20						
TOTALS			\$1 261 00	\$25 23	\$0 00	\$1 286 23

* Notes

CODES CLAIM CLASS

P = Unsecured Priority 11 USC §507(a)(8) P3 = Gap Claim - 11 USC §507(a)(3) P1305 = 11 USC §1305 S = Secured
 G = Unsecured NON priority (General) G1 = Unsecured NON priority 11 USC §726(a)(4) G2 = Unsecured NON priority 11 USC §726(a)(5)

CODES TAX PROGRAM OR REASON

1 Environmental Fee	3	5		
2	4	6		
CLASS TOTALS	Unsecured \$0 00	Secured \$0 00	Priority \$1 286 23	Total \$1 286 23

(For Summary of Tax Liens, see reverse side)

CLAIM SUMMARY, CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION – Page 2

SUMMARY OF TAX LIENS

The following liens were recorded pursuant to Section 6757 of the California Revenue and Taxation Code and to the extent there is any real or personal property to which the liens created by such recording attach the amount of the claim in said certificates constitutes a secured claim

CERTIFICATE #	DATE RECORDED	COUNTY OR RECORDING AUTHORITY	RECORDING INFORMATION (Document/Instrument #, or Book/Page)	AMOUNT
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Claim Submitted to

*Plastiq Inc Claims Processing Center
c/o Kurtzman Carson Consultants LLC
222 N Pacific Coast Highway Suite 300
El Segundo CA 90245*