Fill in this information to identify the case:							
Debtor 1	PLASTIQ INC						
Debtor 2 (Spouse if filing	3)			*******			
United States	Bankruptcy Court for the	District Of Delaware	Wilmington				
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 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

į	art 1: Identify the Cl	laım						
1	Who is the current creditor?	California Department of Tax and Fee Administration 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?							
3	Where should notices and payments to the creditor be sent?	Where should notices		* * * * * * * * * * * * * * * * * * * *	Where should pay different)	ments to the creditor be	sent? (ıf	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	California Department Name PO BOX 942879 Number Street	or lax and ree Adr	ninistration	Name Number Street			
		Sacramento	CA	94279 0055				
•		City	State	ZIP Code	City	State	ZIP Code	
	RECEIVED	Contact phone 1 916 3	09 5650 OB@cdtfa ca gov		Contact phone		_	
	FEB 2 1 2024	Uniform claim identifier for	electronic navments i	n chanter 13 (if you use	e one)			
UR	TZHÁN CARSON CONSULTAK							
4	Does this claim amend one already filed?	□ No ☑ Yes Claim numbe	er on court claims re	egistry (if known) 79		Filed on 07/26/2023 MM / DD		
5	Do you know if anyone else has filed a proof of claim for this claim?	No No Yes Who made the	ne earlier filing?					

Proof of Claim

Part 2: Give Information About the Claim as of the Date the Case Was Filed Do you have any number ☐ No you use to identify the Yes Last 4 digits of the debtor's account or any number you use to identify the debtor debtor? 1 286 23 Does this amount include interest or other charges? How much is the claim? ☐ No Yes Attach statement itemizing interest fees expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A) What is the basis of the Examples Goods sold money loaned lease services performed personal injury or wrongful death or credit card claim? 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 Is all or part of the claim No. 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) 0 00 Value of property 0.00 Amount of the claim that is secured 1 286 23 (The sum of the secured and unsecured Amount of the claim that is unsecured \$ amounts should match the amount in line 7) Amount necessary to cure any default as of the date of the petition FFB 2 1 2024 Annual Interest Rate (when case was filed)____ ☐ Fixed ☐ Variable KURTZHAN CARSON CONSULTANTS 10 Is this claim based on a lease? 0 00 Yes Amount necessary to cure any default as of the date of the petition 11 Is this claim subject to a ⊠ No right of setoff? ☐ Yes Identify the property __

}	·····				······································					
12 is all or part of the claim entitled to priority under	□ No									
11 U S C § 507(a)?	Yes Check o	one			Amount entitled to priority					
A claim may be partly priority and partly		support obligations (including § 507(a)(1)(A) or (a)(1)(B)	alimony and child support) und	ler	\$					
nonpriority For example in some categories the law limits the amount entitled to priority		350* of deposits toward purcha family or household use 11 to	ase, lease or rental of property JSC § 507(a)(7)	or services for	\$					
Griding to proving	bankrupte		\$15,150") earned within 180 d s business ends, whichever is		\$					
	▼ Taxes or	penalties owed to government	al units 11 U.S C § 507(a)(8)		\$1 286 23					
	Contribut	ions to an employee benefit pl	an 11 USC § 507(a)(5)		\$					
	Other Sp	pecify subsection of 11 USC	§ 507(a)() that applies		\$					
	Amounts ar	e subject to adjustmenton 4/01/25	and every-3 years after that for cas	es begun on or alte	er the date of adjustment					

Part 3: Sign Below										
The person completing this proof of claim must	Check the approp	onate box								
sign and date it	l am the cred	ditor								
FRBP 9011(b).	I am the cred	ditor's attorney or authorized ag	gent							
If you file this claim	l am the trustee or the debtor, or their authorized agent. Bankruptcy Rule 3004									
electronically, FRBP	cally, FRBP									
5005(a)(2) authorizes courts to establish local rules	•									
specifying what a signature	Lundoretand that	understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the								
IS	amount of the cla	mount of the claim, the creditor gave the debtor credit for any payments received toward the debt								
A person who files a										
fraudulent claim could be fined up to \$500,000,	I have examined and correct	the information in this <i>Proof of</i>	Claim and have a reasonable t	selief that the info	ormation is true					
imprisoned for up to 5 years, or both	I dealers under p	enalty of perjury that the forego	ning ie true and correct							
18 U S C §§ 152, 157, and 3571	i deciare under po	anally of perjuty that the lorego	ong is true and correct							
33/1	Executed on date									
	. ()	MM / DD / YYYY								
	γ	A 141								
		W \ 1, 10								
	Signature									
	Print the name of	of the person who is complet	ing and signing this claim							
	Name	Liz Riddle		Lasteone	WHITE COLUMN 1997					
		First name	Middle frame	Last name						
	Title	Authorized Representative								
	Company	***************************************	and Fee Administration/Collection		IIC 55					
RECEIVED	F	Identify the corporate servicer as	the company if the authorized agei	nt is a servicer						
-,	Address	PO BOX 942879								
FEB 2 1 2024	+ -	Number Street								
		Sacramento CA 94279 005	5							
MIDENTIAN PARONI PANOLIS	10ത്തു	City	State	ZiP Code						
KURTZHAN CARSON CONSULT	Contact phone	1 916 309 5650	Email	LegalSOB(@cdtfa ca gov					
•	Someon Priorie	***************************************		***************************************						

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

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

SUMMARY OF LIABILITY								\$	
CL	.AIM .ASS	TAX PROGRAM OR REASON	DEBT PE	RIOD	TAX	INTEREST (to petition or conversion date)	PENALTY	TOTAL	
i	P	1	01/01/2022	12/31/2022	1 261 00	25 23	0 00	1 286 23	
2			+						
3		<u> </u>	_						
									
)			-						
,									
)									
			-						
3			•						
)			•						
)									
TOTALS	3				\$1 261 00	\$25 23	\$0 00	\$1 286 23	

^{*} Notes

P = Unsecured Priority 11 USC : G = Unsecured NON priority (Ger	§507(a)(8) P3 neral) G1	Gap ClaimUnsecured I	- 11 USC §507(a)(3) NON prionty 11 USC §726(a)(4)	P1305 = 11 USC §1305 G2 = Unsecured NON priority	S = Secured 11 USC §726(a)(5)	
CODES TAX PROGRAM OR RE	ASON					
1Environmental Fee		3		5		
2		4		6		
CLASS TOTALS	Unsecured	\$0 00	Secured \$0.00	Priority \$1 286		stal \$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	COUNTY OR	RECORDING INFORMATION	AMOUNT
#	RECORDED	RECORDING AUTHORITY	(Document/Instrument #, or Book/Page)	

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