

**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. <b>Who is the current creditor?</b>	<u>City and County of San Francisco Treasurer Tax Collector</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. <b>Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. <b>Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b> See summary page	<b>Where should payments to the creditor be sent? (if different)</b>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>415-554-6892</u> Contact email <u>SOKHEANG.SIV@SFGOV.ORG</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. <b>Does this claim amend one already filed?</b>	<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. <b>Do you know if anyone else has filed a proof of claim for this claim?</b>	<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? \$ 2115.20. 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.  
Fiscal year 2023-2024 business registration fee

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:	<b>Amount entitled to priority</b>
<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>2115.20</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)( ) 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 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 07/12/2023  
MM / DD / YYYY

/s/Sokheang Siv  
Signature

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

Name Sokheang Siv  
First name Middle name Last name

Title Senior Collections Officer

Company City and County of San Francisco Tax Collector  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

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



# KCC ePOC Electronic Claim Filing Summary

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

<b>Debtor:</b> 23-10671 - PlastiQ Inc. <b>District:</b> District of Delaware		
<b>Creditor:</b> City and County of San Francisco Treasurer Tax Collector PO Box 7027  San Francisco, CA, 94102 United States <b>Phone:</b> 415-554-6892 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> SOKHEANG.SIV@SFGOV.ORG	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b>	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Fiscal year 2023-2024 business registration fee	<b>Last 4 Digits:</b> Yes - 6125	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 2115.20	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(8): 2115.20	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b>  <b>Annual Interest Rate:</b>  <b>Arrearage Amount:</b>  <b>Basis for Perfection:</b>  <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Sokheang Siv on 12-Jul-2023 6:45:10 p.m. Eastern Time <b>Title:</b> Senior Collections Officer <b>Company:</b> City and County of San Francisco Tax Collector		



# Treasurer & Tax Collector

CITY AND COUNTY OF SAN FRANCISCO

José Cisneros  
TREASURER

## Payment Stub

**Business Name**  
PLASTIQ INC.

**Business Account Number**  
1072397

### Remittance Detail

Obligation Type	Code	Tax Year/ Period	Bill Number	Amount to Pay
Business Registration (RG)	09-RG	2024/01	2124035049	\$2,115.20
			<b>Amount to Pay</b>	<b>\$2,115.20</b>

To pay online: [www.sftreasurer.org](http://www.sftreasurer.org)

To pay by mail: Mail a check payable to "SF Tax Collector" with this payment stub.

To pay in person: City Hall, Room 140. Monday – Friday 8:00 AM – 5:00 PM.

To pay by electronic transfer (ACH or wire transfer): Follow the instructions found at [www.sftreasurer.org/payments/business-tax-or-fee-payment](http://www.sftreasurer.org/payments/business-tax-or-fee-payment)

If a payment is not honored by a financial institution, for any reason, the payment is null and void, and a \$50 returned payment fee will be charged. Penalties, interest, and other fees will be imposed if not timely paid in full.



City & County of San Francisco  
Remittance Coupon

1 Dr. Carlton B. Goodlett Place  
City Hall, Room 140  
San Francisco, CA 94102

Pay online at [www.sftreasurer.org](http://www.sftreasurer.org)

BAN	Code	Tax Year	Bill Number	Amount to Pay
1072397	09-RG	2024/01	2124035049	\$2,115.20

Please detach this portion and return with payment to:  
San Francisco Tax Collector  
P.O. Box 7425  
San Francisco, CA 94120-7425

9 212403504906171 0009 202401 00000211520 0 000

BAN #1072397 BUS NAME: PLASTIQ INC.	
CHP11 CASE #23-10671	
PENALTY AND INTEREST BREAKDOWN AS OF 7/12/2023	
FISCAL YEAR (FY) 2023-2024 BUSINESS REGISTRATION FEE	\$ 1,885.00
STATE FEE	\$ 4.00
PENALTY 5% PER MONTH/MAX 25% AFTER 90 DAYS	\$ 188.50
1% PER MONTH INTEREST UNTIL PAID IN FULL	\$ 37.70
ADMINISTRATION FEE	\$ -
TOTAL DUE BY 7/31/2023	\$ 2,115.20