### Claim #205 Date Filed: 3/29/2024

Fill in this in	nformation to identify the case:
Debtor 1	PREMIER KINGS, INC.
Debtor 2 (Spouse, if filing)	,
United States	Bankruptcy Court for the: NORTHERN District of ALABAMA
Case number	23-02871-TOM11

# 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.

Ρ	art 1: Identify the C	laim								
1.	Who is the current creditor?	Department of Treasur Name of the current credi Other names the creditor	tor (the person or e	entity to be paid for this cl	Creditor Nu laim)	mber : 11219736				
2.	Has this claim been acquired from someone else?	Vo Ves. From whom	?							
3.	Where should notices and payments to the	Where should notice	s to the credito	r be sent?	Where should payments to the creditor be sent? (if different)					
	creditor be sent?	Internal Revenue Serv	vice		Internal Rev	venue Service				
	Federal Rule of Bankruptcy Procedure	Name			Name					
	(FRBP) 2002(g)	P.O. Box 7346			801 BROAD	DWAY, M/S MDP 146				
	Number     Street     Number     Street	Street								
		Philadelphia	PA	19101-7346	NASHVILLE	IVILLE TN 3720	37203			
		City	State	ZIP Code	City	State	ZIP Code			
		Contact phone 1-800-97	3-0424		ZIP Code City State Contact phone 615-250-5313					
						mason.d.brackett@irs.go	V			
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):								
ŀ.	Does this claim amend one already filed?	☐ No ✓ Yes. Claim number	er on court claim	s registry (if known) <u>1.</u>	2	Filed on 11/08	3/2023 / DD / YYYY			
5.	Do you know if anyone else has filed a proof of claim for this claim?	<ul><li>☑ No</li><li>☑ Yes. Who made the</li></ul>	ne earlier filing?							

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Case 23-02871-TOM11 Claim 12-2 Filed 03/29/24

Ρ	art 2: Give Informati	on 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: See Attachment							
7.	How much is the claim?	\$ Does this amount include interest or other charges?							
		No Marka and the second							
		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?	<ul> <li>☑ No</li> <li>☑ Yes. The claim is secured by a lien on property.</li> </ul>							
		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:	of Claim						
		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?	<ul> <li>☑ No</li> <li>☑ Yes. Amount necessary to cure any default as of the date of the petition.</li> </ul>							
11.	Is this claim subject to a	□ No							
	right of setoff?	Yes. Identify the property: See attachment							
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12. Is all or part of the claim	D No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	□ 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).	\$
	Wages, salaries, or commissions (up to \$15,150 <sup>°</sup> ) 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).	\$300.00
	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 04/01/25 and every 3 years after that for cases begun on or a	fter the date of adjustment.

#### Check the appropriate box:

The person completing this proof of claim must		eck the appropri							
sign and date it.	V	I am the credit	or.						
FRBP 9011(b).		I am the credit	I am the creditor's attorney or authorized agent.						
If you file this claim		I am the truste	e, or the debte	or, or their aut	horized agent. Bankru	ptcy Rul	le 3004.		
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature		Ū		·	er codebtor. Bankrupto				
is.							acknowledgment that when calculating the eived toward the debt.		
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5		ve examined th correct.	e information	in this <i>Proof o</i>	f Claim and have a rea	asonable	e belief that the information is true		
years, or both. 18 U.S.C. §§ 152, 157, and 3571.	l de	clare under pen	alty of perjury	that the foreg	oing is true and corre	ct.			
5571.	Exe	cuted on date	03/29/2024 MM / DD /	YYYY					
		s/ MASON B Signature ht the name of		ho is comple	ting and signing this	s claim:			
	Nam	ne.	MASON				BRACKETT		
			First name		Middle name		Last name		
	Title	-	Bankruptcy S	oecialist					
	Corr	npany _	Internal Reve	nue Service					
		I	dentify the corp	orate servicer as	s the company if the auth	orized ag	ent is a servicer.		
	Add	1622		/AY, M/S MDF	P 146				
			Number	Street					
		-	NASHVILLE			TN	37203		
		(	City			State	ZIP Code		
	Con	tact phone	615-250-5313			Email	mason.d.brackett@irs.gov		

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The United States has the right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims		under section 507(a)(8) of the Bankruptcy Code					
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date		
XX-XXX3932	CORP-INC	12/31/2022	1 D-ESTIMATED-SEE NOTE	\$100.00	\$0.00		
XX-XXX3932	CORP-INC	12/31/2023	1 D-ESTIMATED-SEE NOTE	\$100.00	\$0.00		
XX-XXX3932	FUTA	12/31/2023	02/26/2024	\$0.00	\$0.00		
XX-XXX3932	WT-FICA	12/31/2023	1 D-ESTIMATED-SEE NOTE	\$100.00	\$0.00		
				\$300.00	\$0.00		

## **Total Amount of Unsecured Priority Claims:**

\$300.00

1 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.