

**Fill in this information to identify the case:**

Debtor QLess, Inc.

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

Case number 24-11395

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?** NJ Dept. of Labor, Div. Employer Accounts  
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?**  No  
 Yes. From whom? \_\_\_\_\_

3. **Where should notices and payments to the creditor be sent?**

| Where should notices to the creditor be sent? | Where should payments to the creditor be sent? (if different) |
|---|---|
| See summary page                              |   |

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Contact phone 6096336400 Contact phone \_\_\_\_\_  
Contact email EABankrupt@dol.nj.gov Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

4. **Does this claim amend one already filed?**  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**  No  
 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: \_\_\_\_ \_

7. How much is the claim? \$ 1,326.84. 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.  
Statutory 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)?

- No  
 Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_
- 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\*) 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). \$ 1,326.84
- 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 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 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 09/25/2024  
MM / DD / YYYY

/s/Kimberly Millington  
 Signature

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

Name Kimberly Millington  
First name Middle name Last name

Title Tax Examiner

Company NJ State Department of Labor  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

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



# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0493 | International (310) 751-2693

|   |   |                                  |
|---|---|----------------------------------|
| <b>Debtor:</b><br>24-11395 - QLess, Inc.<br><b>District:</b><br>District of Delaware  |   |                                  |
| <b>Creditor:</b><br>NJ Dept. of Labor, Div. Employer Accounts<br>PO Box 379<br><br>Trenton, NJ, 08625<br>United States<br><b>Phone:</b><br>6096336400<br><b>Phone 2:</b><br><br><b>Fax:</b><br><br><b>Email:</b><br>EABankrupt@dol.nj.gov | <b>Has Supporting Documentation:</b><br>Yes, supporting documentation successfully uploaded<br><b>Related Document Statement:</b>   |                                  |
|   | <b>Has Related Claim:</b><br>No<br><b>Related Claim Filed By:</b>   |                                  |
|   | <b>Filing Party:</b><br>Authorized agent  |                                  |
| <b>Other Names Used with Debtor:</b>  | <b>Amends Claim:</b><br>No<br><b>Acquired Claim:</b><br>No  |                                  |
| <b>Basis of Claim:</b><br>Statutory tax   | <b>Last 4 Digits:</b><br>No   | <b>Uniform Claim Identifier:</b> |
| <b>Total Amount of Claim:</b><br>1,326.84   | <b>Includes Interest or Charges:</b><br>Yes   |                                  |
| <b>Has Priority Claim:</b><br>Yes   | <b>Priority Under:</b><br>11 U.S.C. §507(a)(8): 1,326.84  |                                  |
| <b>Has Secured Claim:</b><br>No<br><b>Based on Lease:</b><br>No<br><b>Subject to Right of Setoff:</b><br>No   | <b>Nature of Secured Amount:</b><br><b>Value of Property:</b><br><br><b>Annual Interest Rate:</b><br><br><b>Arrearage Amount:</b><br><br><b>Basis for Perfection:</b><br><br><b>Amount Unsecured:</b> |                                  |
| <b>Submitted By:</b><br>Kimberly Millington on 25-Sep-2024 3:18:09 p.m. Eastern Time<br><b>Title:</b><br>Tax Examiner<br><b>Company:</b><br>NJ State Department of Labor  |   |                                  |

~~XXXXXXXXXX-885,000-00~~

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE  
CASE NO. 24-11395

IN REORGANIZATION UNDER CHAPTER 11

In the Matter of  
QLESS, INC.

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)  
)  
)

REGULAR  
PROOF OF CLAIM  
OF THE STATE OF NEW JERSEY  
DIVISION OF EMPLOYER ACCOUNTS  
PO BOX 379  
TRENTON, NEW JERSEY 08625-0379

Priority \$1,326.84

STATE OF NEW JERSEY )  
COUNTY OF MERCER ) ss.

Albert Demeter, being duly sworn according to law deposes and says:

1. That he is Supervising Examiner, Legal Processes in the New Jersey Department of Labor and Workforce Development, Division of Employer Accounts of the State of New Jersey, and duly authorized to make this proof.

2. That QLESS, INC.

is justly and truly indebted to the State of New Jersey (New Jersey Department of Labor and Workforce Development, Division of Employer Accounts), under and by virtue of the Unemployment Compensation and Temporary Disability Benefits Laws of New Jersey (R.S. 43:21-1 et seq.) as follows:

| <b>Quarter</b>   | <b>Employer's Contribution</b> | <b>Employee's Contribution</b> | <b>Interest to 06/19/2024</b> | <b>Penalties 06/19/2024</b> | <b>Total</b> |
|------------------|--------------------------------|--------------------------------|-------------------------------|-----------------------------|--------------|
| 4/2017           | 549.99                         | 127.50                         | 649.35                        | 0.00                        | \$1,326.84   |
| TOTAL AMOUNT DUE |                                |                                |                               |                             | \$1,326.84   |

UNITED STATES BANKRUPTCY COURT

DISTRICT OF DELAWARE

DOCKET NO. 24-11395

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In the matter of

QLESS, INC.

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REGULAR  
PROOF OF CLAIM  
OF THE STATE OF NEW JERSEY  
Division of Employer Accounts  
New Jersey Department of Labor  
and Workforce Development

Statutory Tax  
Claims - \$1,326.84

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Forward Responses To:  
OFFICE OF THE ATTORNEY GENERAL OF NEW JERSEY  
RICHARD J. HUGHES COMPLEX  
PO BOX 106  
TRENTON NJ 08625 - 0106