


|  |                                  |
|--|----------------------------------|
| <b>Fill in this information to identify the case:</b>  |                                  |
| Debtor 1   | <u>The Container Store, Inc.</u> |
| Debtor 2<br>(Spouse, if filing)  | _____                            |
| United States Bankruptcy Court for the: Southern District of Texas  |                                  |
| Case number  | <u>24-90626</u>                  |

## Official Form 410

**Proof of Claim**

12/24

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.

**Part 1: Identify the Claim****1. Who is the current creditor?**Missouri Department Of Revenue

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?**

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

**Where should notices to the creditor be sent?**Missouri Department Of Revenue

Name

PO Box 475

Number Street

Jefferson CityMO65018

City

State

ZIP Code

Contact phone 573-751-5531Contact email will.gray@dor.mo.gov**Where should payments to the creditor be sent? (if different)**

Name

Number

Street

City

State

ZIP Code

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

Contact email \_\_\_\_\_

Uniform claim identifier (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: 1 2 8 9

7. How much is the claim? \$ 2,825.91 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.  
  
Withholding Tax \_\_\_\_\_

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:** \$ \_\_\_\_\_  
**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? ☒ 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 one:

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).

**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\*) 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).

\$ 2,642.71

☐ 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)(3) 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 12/23/2024  
MM / DD / YYYY

Will Gray  
Signature

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

Name Will E. Gray  
First name Middle name Last name

Title Legal Assistant

Company Missouri Department Of Revenue  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 475  
Number Street

Jefferson City MO 65105  
City State ZIP Code

Contact phone 5737515531 Email will.gray@dor.mo.gov

RECEIVED  
DEC 31 2024  
VERITA GLOBAL

## PROOF OF CLAIM BY MISSOURI DEPARTMENT OF REVENUE

### UNITED STATES BANKRUPTCY COURT

For the Southern District Texas  
IN THE MATTER OF: The Container Store, Inc.

### Case Number

24-90627-ARP-11

### Taxpayer Identifying Number

19691289

1. The undersigned, whose address is Box 475, Jefferson City, MO 65105, ph: (573)751-5531 fax: (573)751-7232 is the agent of the Department of Revenue, State of Missouri, and is authorized to make this proof of claim.
2. The basis of liability is taxes due under the revenue laws of the State of Missouri.

### Unsecured Priority Claim: Pursuant to 11 U.S.C. section 507(a)

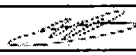
| Tax Type    | Tax Period            | Tax Due | Interest | Penalties | County |
|-------------|-----------------------|---------|----------|-----------|--------|
| Withholding | 04/01/2024-04/30/2024 | 1066.00 | 14.16    | 0.00      |        |
| Withholding | 05/01/2024-05/31/2024 | 1553.00 | 9.55     | 0.00      |        |
| Total       |                       |         |          | \$2642.71 |        |

### General Unsecured Claim

| Tax Type    | Tax Period            | Tax Due | Interest | Penalties | County |
|-------------|-----------------------|---------|----------|-----------|--------|
| Withholding | 04/01/2024-04/30/2024 | 0.00    | 0.00     | 105.55    |        |
| Withholding | 05/01/2024-05/31/2024 | 0.00    | 0.00     | 77.65     |        |
| Total       |                       |         |          | \$183.20  |        |

3. The amount of all payments on this claim has been credited and deducted for the purpose of making this claim.
4. The Missouri Department of Revenue has not identified a 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 state or federal agency. All rights of setoff preserved and will be asserted to the extent lawful.
5. The debtor is indebted to the State of Missouri in the sum of: **\$2,825.91**

Penalty for Presenting Fraudulent Claim-  
Fine of up to \$500,000 or imprisonment for up to 5 years, or  
both, 18, U.S.C. §§ 152 and 3571

  
Legal Assistant

Date: 12/23/2024

For DOR Use Only: 24-90627-ARP-11-2A

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.