

Fill in this information to identify the case:

Debtor 1 THE CONTAINER STORE GROUP INC &
SUBSIDIARIES

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of TEXAS

Case number 24-90627

Official Form 410

Proof of Claim

04/16

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?	<u>Oregon Department of Revenue</u> 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? <u>Oregon Department of Revenue</u> Name <u>955 Center St NE</u> Number Street <u>Salem, OR 97301-2555</u> City State ZIP Code Contact phone <u>(971) 283-4379</u> Contact email <u>John.ButlerJr@dor.oregon.gov</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>Oregon Department of Revenue</u> Name <u>PO Box 14725</u> Number Street <u>Salem, OR 97309-5018</u> City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	☐ No ☒ Yes. Claim number on court claims registry (if known) <u>2</u> Filed on <u>01/03/2025</u> 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? _____	



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page 1

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: XX-XXX5401

7. How much is the claim? \$ 0.00 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.
Taxes

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)?

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

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,850* 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 \$12,850*) 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).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 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 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 02/14/2025
MM / DD / YYYY

/s/ John Butler
Signature

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

Name John Butler
First name Middle name Last name

Title Bankruptcy Technician

Company Oregon Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 955 Center St NE
Number Street

Salem, OR 97301-2555
City State ZIP Code

Contact phone (971) 283-4379 Email John.ButlerJr@dor.oregon.gov



Oregon

Tina Kotek, Governor

Department of Revenue

955 Center St NE

Salem, OR 97301-2555

www.oregon.gov/dor

Oregon Department of Revenue Amended Proof of Claim - Form 410 Attachment

Bankruptcy Case Number: 24-90627
 Court: Texas Southern Bankruptcy Court Houston
 Chapter: Chapter 11
 Date of Petition: December 22, 2024
 Debtor(s): THE CONTAINER STORE GROUP INC & SUBSIDIARIES

Category Type Priority Precautionary

The following claims are for estimated tax where a tax return had not been filed or an appeal has been filed. The claim will be amended when returns are received, or the appeal has been resolved.

Account Name THE CONTAINER STORE GROUP INC &
SUBSIDIARIES

Account type	Period	Assessed	Tax	Penalty	Interest	Balance
Corporate Activity	P N Mar 31, 2025	Unassessed	\$0.00	\$0.00	\$0.00	\$0.00
Corporation	P N Mar 31, 2025	Unassessed	\$0.00	\$0.00	\$0.00	\$0.00
Corporation	P N Mar 31, 2024	Unassessed	\$0.00	\$0.00	\$0.00	\$0.00
Corporation	P F Mar 30, 2024	Unassessed	\$0.00	\$0.00	\$0.00	\$0.00
Total:						\$0.00

* F These returns are in processing. This claim may be amended upon completion.

* N No return filed for this period.

* P This period has been listed as a potential tax liability.

1. The undersigned is an agent for the Department of Revenue, state of Oregon, and is authorized to make this proof of claim on behalf of the state of Oregon.
2. The debtor is indebted to the state of Oregon for the sum of \$0.00.
3. The amount of all payments on this claim has been credited and deducted for the purposes of making this claim.
4. The ground of liability is taxes due under Oregon Revised Statutes.
5. No note of other negotiable instrument has been received for the account or any part of it except as stated above.
6. No judgment has been rendered on this claim except those attached.
7. This claim is not subject to any setoff or counterclaim except as stated above.
8. Post-petition penalties and interest that are nondischargeable and remain unpaid may be collectible from the debtor.

Penalty for presenting fraudulent claim: Fine of up to \$500,000, imprisonment for up to five years, or both (18 USC Sections 152 and 3571).

/s/ John Butler, Bankruptcy Unit
Collection Division
(971) 283-4379