Fill in this information to identify the case:

Debtor 1 CASHCALL, INC

Debtor 2 (Spouse if filing)

United States Bankruptcy Court for the California Southern Bankruptcy Court San Diego District of

Case number 26-03102 JBM

Official Form 410

Proof of Claim

04/25

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?

MASSACHUSETTS 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?

MASS. DEPT. OF REVENUE ATTN:BANKRUPTCY UNIT
Name

PO BOX 7090
Number Street

BOSTON MA 02204-7090
City State ZIP Code

Contact phone (617) 626-3875

Contact email bonnmu@dor state ma us

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone

Contact email

RECEIVED
AUG 03 2026
VERITA GLOBAL

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?



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