Fill in this information to identify the case:

Debtor IncentRev LLC

United States Bankruptcy Court for the: Southern District of Texas (State)

Case number 26-90366

Modified 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 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?**

Commonwealth of PA-UCTS

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?	**Where should payments to the creditor be sent?** (if different)
Commonwealth of PA-UCTS Dept. of Labor and Industry PO Box 68568 Harrisburg, PA 17106-8568, USA	
Contact phone 7177758079	Contact phone
Contact email ra-li-ucts-bankrupt@pa.gov	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?

26903662605010000000000001

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: 5772

7. **How much is the claim?** $ 250.50 . **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.

Unemployment Compensation Taxes

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: $250.50

Amount of the claim that is unsecured: $0.00 (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) 12 %

☑ 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: _____

2690366260501000000000001

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 all that apply:*

	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 $3,800* 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 $17,150*) 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).	$_____
☐ 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 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

13. **Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?**

☑ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

$_____

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 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 05/01/2026
MM / DD / YYYY

/s/Ryan Starnowsky
Signature

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

Name: Ryan Starnowsky
First name Middle name Last name

Title: UX Tax Bankruptcy Representative

Company: Dept. of Labor and Industry
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 (877) 634-7177 | International (424) 236-7223

Debtor:
26-90366 - IncentRev LLC
District:
Southern District of Texas, Houston Division

Creditor:
Commonwealth of PA-UCTS
Dept. of Labor and Industry
PO Box 68568
Harrisburg, PA, 17106-8568
USA
Phone:
7177758079
Phone 2:
Fax:
Email:
ra-li-ucts-bankrupt@pa.gov

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Authorized agent

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Unemployment Compensation Taxes

Last 4 Digits:
Yes - 5772

Uniform Claim Identifier:

Total Amount of Claim:
250.50

Includes Interest or Charges:
Yes

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
Yes: 250.50
Amount of 503(b)(9):
No
Based on Lease:
No
Subject to Right of Setoff:
No

Nature of Secured Amount:
Real Estate
Value of Property:
Annual Interest Rate:
12%, Fixed
Arrearage Amount:
Basis for Perfection:
Amount Unsecured:
0.00

Submitted By:
Ryan Starnowsky on 01-May-2026 7:41:27 a.m. Pacific Time
Title:
UX Tax Bankruptcy Representative
Company:
Dept. of Labor and Industry

VN: B4C902E45391D1A5477DF985C77B4267

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS - HOUSTON, TX District of TEXAS - Houston

RE: INCENTREV LLC	:
	: Bankruptcy Number: 26-90366-ARP
Debtor	: Chapter: 11

REQUEST FOR NOTICES

TO THE CLERK OF THE U. S. BANKRUPTCY COURT

Please take notice, the creditor, Office of Unemployment Compensation Tax Services (UCTS), Department of Labor and Industry, Commonwealth of Pennsylvania, through its duly authorized agent, Ryan Starnowsky, hereby requests that a copy of all notices and papers in this action be served at the agent's office at the below captioned address.

Dated: 03/09/2026

By: /S/ Ryan Starnowsky

Ryan Starnowsky
Commonwealth of Pennsylvania
Department of Labor and Industry
Collections Support Unit
PO Box 68568
Harrisburg, PA 17106-8568
Telephone: (717) 775-8079
Fax: (717) 787-7671
Email: ra-li-ucts-bankrupt@pa.gov

Fill in this information to identify the case:

Debtor 1 INCENTREV LLC

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court Southern District of Texas - Houston, TX

Case number 26-90366

Official Form 410
Proof of Claim

12/15

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?

Commonwealth of PA - UCTS
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?	**Where should payments to the creditor be sent?** (if different)
Dept. of Labor and Industry Name	Name
PO Box 68568 Number Street	Number Street
Harrisburg, PA 17106-8568 City State Zip Code	City State Zip Code
Contact phone	Contact phone
Contact email	Contact email

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

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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: 7655772

7. How much is the claim? $ $250.50

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.

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
☐ 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 Secured Claim: **$250.50**

Amount 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 all that apply:*

	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 $2,775* 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 $12,475*) 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.	

* Amounts are subject to adjustment on 4/01/16 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.

☐ I am the creditor.

☒ I am the creditor's 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 05/01/2026
MM / DD / YYYY

/S/ Ryan Starnowsky
(Signature)

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

Name: Ryan Starnowsky
First name | Middle name | Last name

Title: UC TAX Bankruptcy Representative

Company: Dept. of Labor and Industry
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: PO Box 68568
Number | Street

Harrisburg, PA 17106-8568
City | State | ZIP Code

Contact Phone (717) 775-8079 Email

In Re: INCENTREV LLC

Case Number 26-90366

PA U.C. Acct Number **7655772**

Chapter **11**

Statutory Lien Claims

Docket Number	Date of Entry	Lien Tax Balance	Interest to: 03/05/2026	Penalty	Total
GD-22-101020	07/06/2022	$0.00	$0.00	$150.00	$150.00
2024 3823	09/17/2024	$0.00	$0.00	$0.00	$0.00
2023 4861	11/27/2023	$0.00	$0.00	$0.00	$0.00

Legal Costs: **$100.50**

Total Secured Claim: $250.50

Section 507 (a)(8) Priority Claims

Calendar Quarter/Year	Unemployment Tax Balance	Interest to: 03/05/2026	Penalty	Total

Total Priority Claim: $0.00

Total Claim Amount: $250.50

*****Estimated: Employer has not filed self-assessed tax reports