Fill in this information to identify the case:

Debtor 1	SUSQUEHANNA RADIO CORP
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court:	Texas Southern Bankruptcy Court Houston
Case number	26-90377

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 US.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 the bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**

GEORGIA 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?**

[X] 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?

GEORGIA DEPARTMENT OF REVENUE
Name
BANKRUPTCY
2595 CENTURY PKWY NE SUITE 339
Number Street
ATLANTA | GA | 30345-3173
City | State | Zip
Contact phone (404) 417-6543
Contact email bankruptcy.notices@dor.ga.gov

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

Name
Number Street
City | State | Zip
Contact phone
Contact email

Uniform claim identifier (if you use one):

4. **Does this claim amend one already filed?**

[X] 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?**

[X] No
[ ] Yes. Who made the earlier filing?

269037726093000000000001

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: 1976

7. **How much is the claim?** $9,522.15

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

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.

State Taxes (see attachment)

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

*Interest will continue to accrue based upon the current interest rate under O.C.G.A §48-2-40

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.

		Amount entitled to priority
☐	No	
☒	Yes. *Check all that apply:*	
☐	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).	$15.41
☐	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 04/01/28 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 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 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 09/24/2026
MM / DD / YYYY

/s/S Smith
Signature

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

Name: *S Smith* (First name / Middle name / Last name)

Title: *Authorized Representative*

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

Address: 2595 CENTURY PKWY NE (Number Street) APT/STE. 339
ATLANTA (City) GA (State) 30345-3205 (ZIP Code)

Contact phone _____ Email _____

Debtor Name: SUSQUEHANNA RADIO CORP Case Number: 26-90377 Petition Date: 03/05/2026

P - Priority Unsecured, **S** - Secured, **U** - General Unsecured

Tax Type	Account Id	Period	Tax	Interest	Penalty	Other	Note
SUSQUEHANNA RADIO CORP							
Corporate	70600702200	12/31/2017	(U) $5,000.00	(U) $3,436.74	(U) $1,000.00	$0.00	Return
Sales & Use	060-117911	12/31/2013	$0.00	(P) $13.90	$0.00	$0.00	Audit
Sales & Use	060-117911	6/30/2020	$0.00	$0.00	(U) $20.00	$0.00	Return
Sales & Use	060-117911	12/31/2022	$0.00	(P) $1.51	(U) $10.00	$0.00	Return
Sales & Use	060-117911	9/30/2025	$0.00	$0.00	(U) $20.00	$0.00	Return
Sales & Use	060-117911	10/31/2025	$0.00	$0.00	(U) $10.00	$0.00	Return
Sales & Use	060-117911	1/31/2026	$0.00	$0.00	(U) $10.00	$0.00	Return

Total Priority Unsecured (P) $15.41 Total Secured (S) $0.00 Total General Unsecured (U) $9,506.74 Total Claim $9,522.15