Fill in this information to identify the case:

Debtor 1 ZOSANO PHARMA CORPORATION

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of DELAWARE

Case number 22-10506-JKS

Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

# Official Form 410
# Proof of Claim

04/22

**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?**
   Department of Treasury - Internal Revenue Service
   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?**
   Internal Revenue Service
   Name
   P.O. Box 7346
   Number Street
   Philadelphia PA 19101-7346
   City State ZIP Code
   Contact phone 1-800-973-0424
   Contact email _____
   Creditor Number: _____

   **Where should payments to the creditor be sent?** (if different)
   Internal Revenue Service
   Name
   31 HOPKINS PLAZA, RM 1150
   Number Street
   BALTIMORE MD 21201
   City State ZIP Code
   Contact phone 443-853-5362
   Contact email Millie.H.Agent@irs.gov

   RECEIVED
   JUN 22 2022
   KURTZMAN CARSON CONSULTANTS

   Uniform claim identifier for electronic payments in chapter 13 (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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