Fill in this information to i	dentify the case:	
Debtor 1 AGILETHOUG		
AKA LIN CAE		Date Stamped Copy Returned
Debtor 2 AKA LIV CAP (Spouse, if filing)	ITAL ACQUISITION CORP	☐ No self addressed stamped envelope
United States Bankruptcy Cour	t for the: District of DELAWARE	☐ No copy to return
Case number 23-11305-JK	S (State)	
Official Form 410	<u>)</u>	_
Proof of Cla	im	04/25
ead the instructions befo	re filling out this form. This form is for making a claim for	payment in a bankruptcy case. Do not use this form to
	t of an administrative expense. Make such a request acco	
ocuments that support the o	lact information that is entitled to privacy on this form or on ar claim, such as promissory notes, purchase orders, invoices, ite	emized statements of running accounts, contracts, judgments,
nortgages, and security agre explain in an attachment.	sements. Do not send original documents; they may be des	stroyed after scanning. If the documents are not available,
	ent claim could be fined up to \$500,000, imprisoned for up to 5	5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.
ill in all the information al	pout 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 C	aim	
Who is the current	Department of Treasury - Internal Revenue Service	Creditor Number :
creditor?	Name of the current creditor (the person or entity to be paid for this	
	Other names the creditor used with the debtor	
Has this claim been	☑ No	
acquired from someone else?	☐ Yes. From whom?	•
Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if
and payments to the creditor be sent?	Internal Revenue Service	different) Internal Revenue Service
Federal Rule of	Name	Name
Bankruptcy Procedure (FRBP) 2002(g)	P.O. Box 7346	600 ARCH STREET, M/S 03-F15-13
	Number Street Philadelphia PA 19101-7346	Number Street PHILADELPHIA PA 19106-1611
ECENIED.	Philadelphia PA 19101-7346 City State ZIP Code	City State ZIP Code
ECEIVED	Contact phone 1-800-973-0424	Contact phone (267) 941-6410
JUN 18 2025	Contact email	Contact email veronica.s.sorrell@irs.gov
ITA GLOBAL		
A THE WALL OF THE	Uniform claim identifier (if you use one):	
. Does this claim amend one already filed?	☐ No ☑ Yes. Claim number on court claims registry (if known)	37 Filed on 10/19/2023
Jilo an Judy mod i	Yes. Claim number on court claims registry (if known)	MM / DD / YYYY
D	☑ No	
Do you know if anyone else has filed a proof of claim for this claim?	✓ No ☐ Yes. Who made the earlier filing?	<u></u>

6. Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or an	y number you use to identify the debtor: See Attachment
7. How much is the claim?	U No	is amount include interest or other charges? 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?		vices performed, personal injury or wrongful death, or credit card. ing the claim required by Bankruptcy Rule 3001(c). icy, such as health care information.
9. Is all or part of the claim secured?	Attachment (Official Formula Motor vehicle Motor vehicle Other. Describe: All of debt Basis for perfection: See Attach Attach reducted copies of documents.	by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> orm 410-A) with this <i>Proof of Claim</i> . or(s) right, title and interest to property - 26 U.S.C. §6321.
	Value of property:	\$
	Amount of the claim that is secured:	\$34,003.89
	Amount of the claim that is unsecure	ed: \$ 213,236.50 (The sum of the secured and unsecured amounts should match the amount in line 7.
RECEIVED JUN 18 2025	Amount necessary to cure any defa	ult as of the date of the petition: \$
RITA GLOBAL	Annual Interest Rate (when case was Fixed Variable	filed)7_%
10. Is this claim based on a lease?	☑ No	
	☐ Yes. Amount necessary to cure any defau	t as of the date of the petition.
11. Is this claim subject to a right of setoff?	☐ No	

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2. Is all or part of the claim entitled to priority under	☐ No ☑ Yes. Check	one:			Amount entitled to priority			
11 U.S.C. § 507(a)? A claim may be partly priority and partly	Domestic	er \$						
nonpriority. For example, in some categories, the law limits the amount	Up to \$3 for perso	or services \$						
entitled to priority.	bankrupi	salaries, or commissions (up t tcy petition is filed or the debto C. § 507(a)(4).	o \$17,150*) earned withi or's business ends, which	n 180 da never is e	ys before the earlier. \$			
	_	r penalties owed to governmen	ntal units. 11 U.S.C. § 50)7(a)(8).	\$27,100.			
	☐ Contribu	itions to an employee benefit p	olan. 11 U.S.C. § 507(a)((5).	\$			
	Other. S	pecify subsection of 11 U.S.C	. § 507(a)() that applie	es.	\$			
	* Amounts a	re subject to adjustment on 04/01/	28 and every 3 years after t	that for ca	ses begun on or after the date of adjustment.			
Part 3: Sign Below								
The person completing	Check the appro	priate box:						
his proof of claim must sign and date it.	☑ I am the cre	ditor.						
RBP 9011(b).	☐ I am the cre							
f you file this claim	l am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP 5005(a)(3) authorizes courts to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.							
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined and correct.	of Claim and have a reas	onable b	pelief that the information is true				
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	penalty of perjury that the fore	going is true and correct					
3571.	Executed on dat	e 06/13/2025 MM / DD / YYYY						
	/s/ VERON	ICA SORRELL						
	Signature							
	Print the name	of the person who is compl	eting and signing this	claim:				
RECEIVED		VEDONICA			SORRELL			
JUN 18 2025	Name	VERONICA First name	Middle name		Last name			
		Bankruptcy Specialist						
RITA GLOBAL	Title							
	Company	Internal Revenue Service	as the company if the autho	rized ager	nt is a servicer.			
		600 ARCH STREET, M/S	03-F15-13					
	Address				<u> </u>			
		Number Street						
		PHILADELPHIA		PA	19106-1611			
				PA State	19106-1611 ZIP Code			



DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE 600 Arch Street, Room 3600A Philadelphia, PA 19106

Business/Self-Employed Division

June 13, 2025

Person to Contact: Veronica Sorrell Badge

ID# 1000201110

Telephone Number: (267) 941-6410

Kutzman Carson Consultants LLC dba Vertia Global 222 N. Pacific Coast Highway Suite 300 El Segundo, CA 90245

Attached are **Amended proof of claims** for joint administrative cases 23-11305, 23-11308, and 23-1229 under lead case 23-11294 Court: DE01 Chapter: 11 AN GLOBAL LLC.

Please sign, date and return a copy as a form of acknowledgment to my attention at the above address. If you have any questions, I can be reached at 267-941-6410.

Sincerely,

Veronica Sorrell

Bankruptcy Specialist

ID Number 1000201110

romia Sorrell

Proof of Claim for Internal Revenue Taxes



Form **410** Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: AGILETHOUGHT INC

AKA LIV CAPITAL ACQUISITION CORP 222 W LAS COLINAS BLVD STE #1650-E

IRVING, TX 75039

Case Number 23-11305-JKS

Type of Bankruptcy Case

CHAPTER 11

Date of Petition

08/28/2023

Amendment No. 1 to Proof of Claim dated 10/19/2023

The United States has the right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Secured Cl	laims		(Notices of Fede	f Federal tax lien filed under internal revenue laws before petition date)				
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Penalty to Petition Date	Interest to Petition Date	Notice of Tax Date	Lien Filed: Office Location
(X-XXX7909	CORP-INC	12/31/2019	07/12/2021	\$22,835.00	\$3,796.82	\$7,3 <u>72.07</u>	_ Right to Setoff	
				\$22,835.00	\$3,796.82	\$7,372.07		

Total Amount of Secured Claims:

\$34,003.89

Unsecured P	riority Claims	under section 507(a)(8) of the Bankruptcy Code			
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX7909	CORP-INC	12/31/2020	06/05/2023	\$26,131.00	\$348.06
XX-XXX7909	CORP-INC	12/31/2020	11/08/2021	\$0.00	\$621.09
XX-XXX2509	CORP-INC	12/31/2022	03/11/2024	\$0.00	\$0.00
				\$26,131.00	\$969.15

Total Amount of Unsecured Priority Claims:

Unsecured General Claims								
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date			
XX-XXX2509	MISC PEN	12/31/2021	05/08/2023	\$0.00	\$3,907.74			
				\$0.00	\$3,907.74			

Penalty to date of petition on unsecured priority claims (including interest thereon) \$2,228.61 Penalty to date of petition on unsecured general claims (including interest thereon) \$180,000.00



Continued from Page 1

Taxpayer ID

Number Kind of Tax

Tax Period

Date Tax Assessed

Tax Due

Interest to Petition Date

1872

COURT RECORDING DATA

INTERNAL REVENUE SERVICE

Lien Recorded : 02/04/2022 - 00:00AM

FACSIMILE FEDERAL TAX LIEN DOCUMENT

Recording Number:

UCC Number

: 22FLR0000406

BANKRUPTCY DOCKET: 23-11305-JKS

Liber Page

Area: SMALL BUSINESS/SELF EMPLOYED #3

IRS Serial Number: 448082522

Lien Unit Phone: (800) 913-6050

This Lien Has Been Filed in Accordance with Internal Revenue Regulation 301.6323(f)-1.

Name of Taxpayer:

AGILETHOUGHT INC, a Corporation

Residence:

2502 N ROCKY POINT DR STE 960

TAMPA, FL 33607-4928

With respect to each assessment below, unless notice of lien is refiled by the date in column(e), this notice shall constitute the certificate of release of lien as defined in IRC 6325(a).

Form (a)	Period (b)	ID Number (c)	Assessed (d)	Refile Deadline (e)	Unpaid Balance (f)
1120	12/31/2019	XX-XXX7909	07/12/2021	08/11/2031	\$176,604.85

Filed at:

SECRETARY OF STATE

TALLAHASSEE, FL 32314

Total

\$176.604.85

This notice was prepared and executed at BALTIMORE, MD on this. the 19th day of January. 2022.

Authorizing Official:

E KANE

Title:

REVENUE OFFICER

23-02-2242