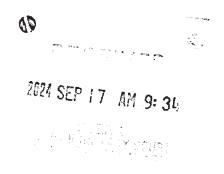
Fill in this in	Fill in this information to identify the case:									
Debtor 1	NEURON FUEL, INC.									
Debtor 2 (Spouse, if filing)										
United States I	United States Bankruptcy Court for the: District of DELAWARE									
Case number	24-11162-JTD									



## 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 Creditor Number : 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?	Where should notices to the creditor be sent?  Internal Revenue Service			Where should payments to the creditor be sent? (if different) Internal Revenue Service					
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name P.O. Box 7346			Name 31 HOPKINS PLAZA, RM 1150					
		Number Street	PA	19101-7346	Number BALTIMORE	Street MD	. 2	1201		
		Philadelphia City	State	ZIP Code	City	Stat		ZIP Code		
		Contact phone 1-800-973-0424			Contact phone (443) 853-5350					
		Contact email			Contact email	Lisa.Jiggetts@irs.g	ov	-		
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):								
4.	Does this claim amend one already filed?	☐ No ☑ Yes. Claim numbe	er on court claims		Filed on	06/21/2024 MM / DD	1 / YYYY			
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made to	he earlier filing?					. 1.461.46.46.46.46.46.46.46.46.46.46.46.46.46.		