

United States Bankruptcy Court for the District of Delaware

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

☐ Plastiq Inc. (Case No. 23-10671) ☐ PLV Inc. d/b/a/ PLV TX Branch Inc (Case No. 23-10672) ☐ Nearside Business Corp. (Case No. 23-10673)

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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

1. Who is the current creditor?

New York State Dept. of Tax + Finance Bank Rptcy
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?

New York State Tax & Finance
Name

Bank Rptcy Section
Number Street

P.O. Box 5300
City State ZIP Code

Albany NY 12205-0300
Country

Contact phone 518-457-3160

Contact email _____

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

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

Name _____

Number Street _____

City State ZIP Code _____

Country _____

Contact phone _____

Contact email _____

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4. Does this claim amend one already filed?

☐ No

☒ Yes. Claim number on court claims registry (if known) 136

Filed on 7/8/2024
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? _____



6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0008</u>
7. How much is the claim?	\$ <u>4188.69</u> <div style="text-align: right;">Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div>
8. What is the basis of the claim?	<p>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.</p> <p style="font-size: 1.2em; margin-left: 40px;"><u>Withholding Tax</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div style="margin-left: 40px;">Nature of property: <div style="margin-left: 20px;"><input type="checkbox"/> Real estate: If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div></div> <div style="margin-left: 40px; margin-top: 10px;">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.)</div> <div style="margin-left: 40px; margin-top: 20px;">Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)</div> <div style="margin-left: 40px; margin-top: 20px;">Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div style="margin-left: 40px; margin-top: 10px;">Annual Interest Rate (when case was filed) _____ % <div style="margin-left: 20px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,350* 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 \$15,150*) 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ 4185.69

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/25 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)(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.

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 10/08/2024

MM / DD / YYYY

David M. Pugliese

Signature

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

Name

David

First name

Middle name

Pugliese

Last name

Title

OFFICE ASST, 2

Company

N.Y.S. TAX + Finance

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

P.O. Box 5300

Number

Street

Albany N.Y.

City

State

12205-0308

ZIP Code

Country

Contact phone

518-457-3160

Email

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New York State Department of
Taxation and Finance

Bankruptcy Section
P O Box 5300
Albany NY 12205-0300

(518) 457-3160

Statement date: 10/9/2024

Amendment: 2nd

Case number: 23-10673 BLS

Refer to this number for inquiries

Total claim amount: \$4,188.69

Taxpayer ID#: B-82-5170008-9

Administrative Expense Tax Liability

UNITED STATES BANKRUPTCY COURT
TOTAL DISTRICT OF DELAWARE
PLASTIQ INC.
c/o KURTZMAN CARSON CONSULTANTS LLC
222 N. PACIFIC COAST HIGHWAY SUITE 300
EL SEGUNDO, CA 90245

This is a statement of tax liabilities for NEAR SIDE BUSINESS CORP.. Additional penalty and interest will accrue if paid after 10/14/2024.

Administrative Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
WITHLD	09/30/23	L-059361429-9	0.00	1,000.00	94.61	1,094.61	EST
WITHLD	12/31/23	L-059652666-7	0.00	1,000.00	62.70	1,062.70	EST
WITHLD	03/31/24	L-060411204-7	0.00	1,000.00	31.38	1,031.38	EST
WITHLD	06/30/24	L-060821394-9	0.00	1,000.00	0.00	1,000.00	EST
					Total \$	4,188.69	

This claim amends and supercedes the previous claim dated 7/10/2024.
Current Annual Interest Rates by Tax Type: Withholding - 12%
Liability Type Descriptions: EST - Estimated (No Return Filed)