FORM B10 (Official Form 10) (04/04)	1.000	
United States Bankruptcy Court	Li-tri-t -t	Claim #3933 Date Filed: 11/13/2
SOUTHERN DISTRICT OF NEW YORK Name of Debtor	NEW YORK	
RESIDENTIAL CAPITAL , LLC, ET AL, DEBTORS RESIDENTIAL FUNDING COMPANY, LLC	Case Number CHAP 11 12-12020 (MG) CHAP 11 12-12019 (MG)	
NOTE: This form should not be used to make a claim for an administrative expense ans 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C.	- -	ase. A
Name of Creditor (The person or other entity to whom the debtor owes	Check box if you are awar	e that
money or property): ALAMEDA COUNTY TAX COLLECTOR	anyone else has filed a pro claim relating to your clai Attach copy of statement a particulars.	im. giving
Name and address where the notices should be sent: ALAMEDA COUNTY TAX COLLECTOR 1221 OAK STREET	Check box if you have new Received any notices from Bankruptcy court in this c	i the
OAKLAND, CA 94612	Check box if the address d	liffers
Telephone Number: 510-272-6847	sent to by the court.	THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor: 90-231315 ON 8 ACCOUNTS	Check here replaces If this claim a promate amends	eviously filed claim, dated:
1. Basis for Claim		1: 111100 0 1111/-)
Goods sold Services performed		ned in 11 U.S.C. § 1114(a) // mpensation (fill out below)
☐ Money Loaned	Last four digits of SS#:	
☐ Personal Injury/wrongful death ☑ Taxes	Unpaid compensation for	or services performed
Other	from to (date)	(date)
2. Date debt was incurred: LIEN DATE	3. If court judgment, date o	<u> </u>
4. Total Amount of Claim at Time Case Filed: \$ \$3,484.55	CLAIM AMOUNT IS S	SUBJECT TO CHANGE RESULTING FROM TAX
PLUS 18% INTEREST. PER ANNUM		S, AND OTHER AMOUNTS TO BE DETERMINED.
If all or part of your claim is secured or entitled to priority, also com Check this box if claim includes interest or other charges in addition charges.		m. Attach itemized statement of all interest or additional
5. Secured Claim.	7. Unsecured Priority Claim	
Check this box if your claim is secured by collateral (including a right of setoff).		ive an unsecured priority claim
Brief Description of Collateral:	Amount entitled to pr Specify the priority of the	
Real Estate Motor Vehicle	☐ Wages, salaries, or com	missions (up to \$4,925),* earned within 90 days
Other LIENS		nkruptcy petition or cessation of the debtor's searlier – 11 U.S.C. § 507(a)(3).
Value of Collateral: \$		ployee benefit plan – 11 U.S.C. § 507(a)(4)
A		sits toward purchase, lease, or rental of property
Amount of arrearage and other charges at time case filed Included in secured claim, if any: \$\$3,484.55	Alimony, maintenance,	amily, or household use – 11 U.S.C. § 507(a)(6). or support owed to a spouse, former spouse, or
PLUS 18% INTEREST PER ANNUM. \$3,484.55 TAX	child - 11 U.S.C § 507	7(a)(7).
PLUS ADDITIONAL AMOUNTS IF NOT TIMELY PAID 6. Unsecured Nonpriority Claim \$		1 to governmental units- 11 U.S.C. § 507(a)(8) ble paragraph of 11 U.S.C. § 507 (a) ()
Check this box if: a) there is no collateral or lien securing your		ustment on 4/1/07 and every 3 years thereafter with respect
claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	to cases commenced on or a	
8. Credits: The amount of all payments on this claim has been credited	and deducted for the purpose	This Space is for Court Use Only
of making this proof of claim.		Date Stamped Copy Returned
purchase orders, invoices, itemized statements of running accounts, contracts, court judgments,		☐ No self addressed stamped envelope
mortgages, security agreements, and evidence of perfection of lien. DO		☐ No copy to return
DOCUMENTS. If the documents are not available, explain. If the docu	ments are voluminous, attach	
a summary.		v v
a summary. 10. Date-Stamped Copy: To receive an acknowledgement of the filing	g of the claim, enclose a	RECEIVED
	g of the claim, enclose a	RECEIVED
10. Date-Stamped Copy: To receive an acknowledgement of the filing stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the credito	r or other person authorized to	RECEIVED NOV 1 3 2012
10. Date-Stamped Copy: To receive an acknowledgement of the filing stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the credito file this claim (attach a copy of power of attorney, if any	r or other person authorized to	NOV 1 3 2012
10. Date-Stamped Copy: To receive an acknowledgement of the filing stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the credito	r or other person authorized to	