

Fill in this information to identify the case:

Debtor 1 UNITED SITE SERVICES INCDebtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 25-23630

Official Form 410

Proof of Claim

12/15

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.

Fillers 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?

NEW YORK STATE DEPARTMENT OF LABOR

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?

NYS DEPARTMENT OF LABOR

Name

1220 WASHINGTON AVE, BLDG 12-RM 256

Number Street

ALBANY NY 12226

City State ZIP Code

Contact phone 518-457-5789Contact email BANKRUPTCY@LABOR.NY.GOV

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

NYS DEPT. OF LABOR

Name

1220 WASHINGTON AVE, BLDG12-RM 256

Number Street

ALBANY NY 12226

City State ZIP Code

Contact phone 518-457-5789Contact email BANKRUPTCY@LABOR.NY.GOV

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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? _____

2523630260121000000000005

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4 0 9 1

7. How much is the claim? \$ 162.70. Does this amount include interest or other charges? No Yes. 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? 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.

UNEMPLOYMENT INSURANCE CONTRIBUTIONS

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: _____

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.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed

Variable

10. Is this claim based on a lease? No

Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No

Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Check one:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
		<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) 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).	\$ _____
		<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 162.70
		<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
		<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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 acknowledgment 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 a 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 01/15/2026
MM / DD / YYYY

Roberto Borrero

Signature

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

Name	<u>Roberto Borrero</u>		
	First name	Middle name	Last name
Title	<u>UI EMPLOYER COMPLIANCE REPRESENTATIVE</u>		
Company	<u>NEW YORK STATE DEPARTMENT OF LABOR</u>		
Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	<u>STATE CAMPUS BLDG 12-ROOM 256</u>		
	Number	Street	
	<u>ALBANY</u>		<u>NY 12226</u>
	City	State	ZIP Code
Contact phone	<u>518-457-5789</u>		Email <u>BANKRUPTCY@LABOR.NY.GOV</u>

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Employer Insolvency Profile

EMPLOYER NAME	DOCKET NO.:	TYPE:	PETITION FILED:
UNITED SITE SERVICES INC 118 FLANDERS RD STE 1000 WESTBOROUGH, MA 01581		25-23630	Chapter 11 12/29/2025 ER Number
COURT	ATTORNEY	TRUSTEE	
U.S. Bankruptcy Court	Michael D Sirota		
DISTRICT	FIRM NAME	FIRM NAME	
District of New Jersey	Cole Schotz PC		
401 MARKET ST CAMDEN, NJ 08102	25 Main St Hackensack, NJ 07601		
	TELEPHONE:	TELEPHONE	

Remarks:

LetterLog:

Priority Claim

Employer

10/1/2021

12/31/2023

\$162.70 USGRB3

1/15/2026

TYPE

DATE NOTE

SUB TYPE

AMOUNT

Priority Claim

10/01/21-09/30/22	4/2021-3/2022	581(d)	2.92
10/01/22-09/30/23	4/2022-3/2023	581(d)	141.99
01/01/23-12/31/23	1/2023-4/2023	Posted Interest	17.79
Total by Type: Priority Claim			162.70
Grand Total			162.70