

Fill in this information to identify the case:

Debtor United Site National Services Company

United States Bankruptcy Court for the: _____ District of New Jersey
(State)Case number 25-23638

Modified Official Form 410

Proof of Claim

04/25

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.

Filets 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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	Louisiana Department of Revenue		
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
	Louisiana Department of Revenue P.O. Box 66658 Baton Rouge, LA 70896-6558, USA		
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
	Contact phone <u>225-219-2900</u>	Contact phone	_____
	Contact email <u>ericka.matthews@la.gov</u>	Contact email	_____
	Uniform claim identifier (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		



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?	<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>0459</u>
7. How much is the claim? \$ <u>8263.93</u>	. 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).
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. <u>Governmental taxes</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle 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: _____
	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 amount should match the amount in line 7.)
	Amount necessary to cure any default as of the date of the petition: \$ _____
	Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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	Amount entitled to priority
<input checked="" type="checkbox"/> Yes. Check all that apply:		
<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 \$3,800* 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 \$17,150*) 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).		\$ _____
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).		\$ 5366.46
<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.		\$ _____

Part 3: Sign Below

**The person completing
this proof of claim must
sign and date it.
EBRP 2011(b)**

If you file this claim electronically, FRBP 5005(a)(3) 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 01/14/2026
MM / DD / YYYY

/s/Ericka Matthews
Signature

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

Name	<u>Ericka Matthews</u>		
	First name	Middle name	Last name

Revenue Tax Specialist

Company Louisiana Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7164 | International (424) 236-7220

Debtor: 25-23638 - United Site National Services Company		
District: District of New Jersey, Trenton Division		
Creditor: Louisiana Department of Revenue P.O. Box 66658 Baton Rouge, LA, 70896-6558 USA Phone: 225-219-2900 Phone 2: Fax: Email: ericka.matthews@la.gov	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party:	
	Other Names Used with Debtor:	Amends Claim: No
	Basis of Claim: Governmental taxes	Acquired Claim: No
	Total Amount of Claim: 8263.93	Last 4 Digits: Yes - 0459 Uniform Claim Identifier:
	Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(8): 5366.46
Has Secured Claim: No	Nature of Secured Amount: Value of Property:	
Amount of 503(b)(9): No	Annual Interest Rate:	
Based on Lease: No	Arrearage Amount: Basis for Perfection:	
Subject to Right of Setoff: No	Amount Unsecured:	
Submitted By: Ericka Matthews on 14-Jan-2026 10:14:28 a.m. Pacific Time		
Title: Revenue Tax Specialist		
Company: Louisiana Department of Revenue		

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF REVENUE
Attachment

Itemization of Proof of Claim

In Re: UNITED SITE NATIONAL SERVICES	Case Number: 25-23638
Identifying Number: 1830459	Chapter: Chapter 11
	Date of Petition: 12/29/2025

The Louisiana Department of Revenue has not identified a right to 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. All rights of setoff are preserved and will be asserted to the extent lawful.

Total Amount of Secured Claims: \$0.00

Total Amount of Unsecured Priority Claims: \$5,366.46

Total Amount of Unsecured General Claims: \$2,897.47

A. SECURED CLAIMS (Notice of State Tax Lien or other security attached)

Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest To Date	Penalty To Date	Credit & Payment	Lien Date	Parish

B. UNSECURED PRIORITY CLAIMS (Under Section 507(a)(8) of the Bankruptcy Code)

Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest To Date	Penalty To Date	Credit & Payment	Remark
Withholding	9/30/2024		\$999.00	\$131.01	\$573.19	\$0.00	E
Withholding	12/31/2024		\$999.00	\$101.90	\$572.66	\$0.00	E
Withholding	3/31/2025		\$999.00	\$74.50	\$802.57	\$0.00	E
Withholding	6/30/2025		\$999.00	\$46.19	\$549.45	\$0.00	E
Withholding	9/30/2025		\$999.00	\$17.86	\$399.60	\$0.00	E

C. UNSECURED GENERAL CLAIMS

Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest To Date	Penalty To Date	Credit & Payment	Remark