

Fill in this information to identify the case:

Debtor 1	UNITED SITE SERVICES NORTHEAST INC
Debtor 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?	<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)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	NYS DEPARTMENT OF LABOR Name 1220 WASHINGTON AVE, BLDG 12-RM 256 Number Street ALBANY NY 12226 City State ZIP Code Contact phone 518-457-5789 Contact email BANKRUPTCY@LABOR.NY.GOV	NYS DEPT. OF LABOR Name 1220 WASHINGTON AVE, BLDG12-RM 256 Number Street ALBANY NY 12226 City State ZIP Code Contact phone 518-457-5789 Contact email BANKRUPTCY@LABOR.NY.GOV	
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)		
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?		
Filed on MM / DD / YYYY			



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: 6 8 7 8

7. How much is the claim? \$ 1,104.86. 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
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><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). \$ _____</p> <p><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). \$ _____</p> <p><input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ 364.65</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_____) that applies. \$ _____</p>			
<p>* 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.</p>			

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

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Employer Insolvency Profile

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

Remarks:

LetterLog:

General Claim	4/1/2021	6/30/2021	\$740.21 USGRB3	1/15/2026
Priority Claim	10/1/2022	9/30/2023	\$364.65 USGRB3	1/15/2026

Employer	TYPE	DATE	NOTE	SUB TYPE	AMOUNT
General Claim					
04/01/21-06/30/21	2/2021			ACCRUED INT	256.41
04/01/21-06/30/21	2/2021			Cont	483.80
Total by Type: General Claim 740.21					
Priority Claim					
10/01/22-09/30/23	4/2022-3/2023			581(d)	364.65
Total by Type: Priority Claim 364.65					
Grand Total					1,104.86