

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>8145</u>
7. How much is the claim?	\$ <u>13000.00</u>	Does this amount include interest or other charges?
		<input checked="" type="checkbox"/> No
		<input 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>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: <ul style="list-style-type: none"> <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) _____ %	
	<ul style="list-style-type: none"> <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: _____	



<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <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"/> No</p> <p><input checked="" type="checkbox"/> Yes. Check all that apply:</p>	<p>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 \$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).</p>	\$ _____
	<p><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).</p>	\$ _____
	<p><input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p>	\$ 13000.00 _____
	<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>	\$ _____

Part 3: Sign Below

**The person completing
this proof of claim must
sign and date it.
EBRP 9011(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 02/05/2026
MM / DD / YYYY

/s/Lorraine Averitt
Signature

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

Name Lorraine Averitt
First name Middle name Last name

Bankruptcy Services

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

100-716-7881 www.vivac.com



Verita (KCC) ePOC Electronic Claim Filing Summary

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

Debtor: 25-23646 - United Site Services of Nevada, Inc.		
District: District of New Jersey, Trenton Division		
Creditor: ARIZONA DEPARTMENT OF REVENUE c/o Tax, Bankruptcy and Collection Sct Office of the Arizona Attorney General - BCE 2005 N Central Ave, Suite 100 Phoenix, AZ, 85004 Phone: 602-542-8811 Phone 2: Fax: Email: BankruptcyUnit@azag.gov	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Taxes	Last 4 Digits: Yes - 8145	Uniform Claim Identifier:
Total Amount of Claim: 13000.00	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(8): 13000.00	
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:	
Subject to Right of Setoff: No	Basis for Perfection: Amount Unsecured:	
Submitted By: Lorraine Averitt on 05-Feb-2026 1:36:04 p.m. Pacific Time		
Title: Bankruptcy Services		
Company: Arizona Department of Revenue		
Optional Signature Address: 1600 W. Monroe 7th Floor Phoenix, AZ, 85007		
Telephone Number: 602-716-7806		
Email: laveritt@azdor.gov		



STATE OF ARIZONA - PROOF OF CLAIM FOR ARIZONA DEPARTMENT OF REVENUE

United States Bankruptcy Court for the District of New Jersey (Trenton)
ORIGINAL

In the Matter of: **UNITED SITE SERVICES OF NEVADA**

Case Number: 25-23646-MBK
Chapter: Bankruptcy Chapter 11
Taxpayer ID: 05-0538145
Tax Type: COR
Petition Date: 12/29/2025

Total Priority:	\$13,000.00
Amount Due as of this Statement:	\$13,000.00

1. The undersigned is the agent of the Arizona Department of Revenue and is authorized to make this proof of claim on its behalf.
2. The Debtor was at the time of the filing of the petition initiating this case, and still is, indebted to the State of Arizona.
3. The amount of all payments on this claim have been credited and deducted for the purpose of making this claim.
4. The grounds for the liability are for taxes due under the Arizona Revised Statutes.
 - a. Secured Lien(s) in the event there is insufficient property for the lien to attach, all claims so entitled will be treated as priority under 11 USC Section 507(a)(8).
 - b. Unsecured Priority under Section 507(a)(8) of the Bankruptcy Code

Tax Type	Memo	Period	Tax	Penalty	Interest	Total
COR	Est. due to non-filing	12/31/2025	\$13,000.00	\$0.00	\$0.00	\$13,000.00
Total Section Priority:						\$13,000.00

- c. Amounts claimed as Priority under Section 1305
- d. Unsecured General Claims

Amount Due as of this Statement: **\$13,000.00**

5. No note or other negotiable instrument has been received for the account or any part of it, except
6. No judgement has been rendered on this claim, except...
7. The Department may have a right to setoff. The Department does not waive such right.
8. Make checks payable to the "ARIZONA DEPARTMENT OF REVENUE".
9. All tax returns shall be filed directly with the Arizona Department of Revenue, Bankruptcy Section.

ARIZONA DEPARTMENT OF REVENUE

Signed: Lorraine Averitt

Dated: 02/05/2026

Lorraine Averitt

Office of the Arizona Attorney General
All notices, correspondence, pleadings and payments will be sent to the following address:
c/o Tax, Bankruptcy and Collection Section
2005 N Central Ave. Suite 100
Phoenix, AZ 85004
Phone: 602-542-1719