Fill in this information to identify the case:		
Debtor 1	RHCSC SOCIAL CIRCLE AL HOLDINGS LLC	
Debtor 2 (Spouse, if filing)	AKA THE GARDENS OF SOCIAL CIRCLE	
United States	Bankruptcy Court for the: NORTHERN District of GEORGIA	
Case number	21-41047-PWB	
	4	

## Official Form 410

## **Proof of Claim**

04/19

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.

Filers 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.

F	art 1: Identify the C	laim						
1.	Who is the current creditor?	Department of Treasury - Name of the current creditor (t Other names the creditor used	he person or e	ntity to be paid for this cla	,			
2.	Has this claim been acquired from someone else?	XNo Yes. From whom?						
3.	Where should notices Where should notices to the created by the creditor be sent?		the creditor	be sent?	Where should payments to the creditor be sent? (if different)			
		Internal Revenue Service			Internal Revenue	Service		
	Federal Rule of Bankruptcy Procedure	Name			Name			
	(FRBP) 2002(g)	P.O. Box 7346				EE ST, NW, M/S 334-	·D	
		Number Street			Number Street			
		Philadelphia	PA	19101-7346	ATLANTA	GA	30308-3539	
		City State		ZIP Code	City State		ZIP Code	
		Contact phone 1-800-973-0424			Contact phone470-639-2955			
		Contact email			Contact email Lisa	Johnson@irs.gov		
		Creditor Number: 2358672	3					
		Uniform claim identifier for ele	ctronic paymer	its in chapter 13 (if you us	se one):			
4.	Does this claim amend one already filed?	No X Yes. Claim number on	court claims	registry (if known)	1	Filed on	j/2021 D / YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	X No Yes. Who made the ea	arlier filing?					

**Proof of Claim** 



F	Part 2: Give Informatio	n About the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No X Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: See Attachment
7.	How much is the claim?	<ul> <li><u>67,665.87</u>. Does this amount include interest or other charges?</li> <li>No</li> <li>Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</li> </ul>
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. Taxes
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:       *All of debtor(s) right, title and interest to property - 26 U.S.C. §6321.         Basis for perfection:
10	. Is this claim based on a lease?	XNo 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: See Attachment

12. Is all or part of the claim	No					
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority				
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$				
in some categories, the law limits the amount entitled to priority.	Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$				
entitied to priority.	Wages, salaries, or commissions (up to \$13,650*) 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).	\$				
	<b>X</b> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$65,075.14				
	Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$				
	Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$				
	* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after	er the date of adjustment.				
Part 3: Sign Below						
The person completing	Check the appropriate box:					
this proof of claim must sign and date it.	X I am the creditor.					
FRBP 9011(b).	I am the creditor's attorney or authorized agent.					
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment amount of the claim, the creditor gave the debtor credit for any payments received toward the de					
A person who files a fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the info and correct.	ormation is true				

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 \_\_\_\_\_09/30/2021 MM / DD / YYYY

/s/ LISA JOHNSON

Signature

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

Name	LISA			JOHNSON	
Name	First name	Middle name		Last name	
Title	Bankruptcy Specialist				
Company	Internal Revenue Service				
	Identify the corporate servicer as the company if the authorized agent is a servicer.				
Address	401 W PEACHTREE	ST, NW, M/S 334-D			
	Number Street				
	ATLANTA		GA	30308-3539	
	ATLANTA City		GA State	30308-3539 ZIP Code	
Contact phone			-		

imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and

3571.