Fill in this information to identify the case:	
Debtor 1 PHILLIPPINE AIRLINES INC	Date Stamped Copy Returned → Date Stamped Copy Returned
Debtor 2 PNB FINANCIAL CENTER (Spouse, if filing) United States Bankruptcy Court for the: SOUTHERN District of NEW YORK	☐ No self addressed stamped envelope ☐ No copy to return.
Case number 21-11569-SCC	

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.

1.	Who is the current creditor?	Department of Treasury - Internal Revenue Service 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	1?			-	
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Internal Revenue Service			Where should payments to the creditor be sent? (if different) Internal Revenue Service		
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)						
		Name			Name		
		P.O. Box 7346			2 Metrotech Center		
		Number Street	_:		Number Street	* D/	44004
		Philadelphia	PA	19101-7346	Brooklyn	NY	11201
		City State		ZIP Code	City State		ZIP Co
ב מכ	CACN/CA	Contact phone1-800	0-973-0424		Contact phone718-8	34-2238	
RECEIVED	ECEIVED	Contact email			Contact email stanley.s.cheung@irs.gov		
Ē	B 2 5 2022	Creditor Number:		_			
		Uniform claim identifier	for electronic payme	ents in chapter 13 (if you u	ıse one):		
ΑN	CARSON CONSULTANTS					- —	
4.	Does this claim amend one already filed?	X No Yes. Claim num	ber on court claim	ns registry (if known)		Filed on MM / DD) / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	X No Yes. Who made	the earlier filing?				

Official Form 410

Proof of Claim

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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: See Attachment				
7.	How much is the claim?	\$				
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.				
9.	Is all or part of the claim secured?	X No Yes. The claim is secured by a lien on property. Nature of property:				
	RECEIVED	Amount necessary to cure any default as of the date of the petition:				
	FEB 2 5 2022	Annual Interest Rate (when case was filed)% Fixed Variable				
10	. Is this claim based on a lease?	X 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 X Yes. Identify the property: See Attachment				

page 2

12. Is all or part of the claim entitled to priority under	∐No						
11 U.S.C. § 507(a)?	Yes. Check of	ne:				Amount entitled to priority	
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).					\$	
nonpriority. For example, 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).					\$	
	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).					\$	
	X Taxes or	X Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).				\$	
*	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	e subject to adjustment on 4/01/22	and every 3 years after	that for cases be	gun on or after	the date of adjustment.	
					······································		
Part 3: Sign Below							
The person completing this proof of claim must	Check the approp	riate box:					
sign and date it.	X I am the cred	litor.					
FRBP 9011(b).	I am the cred	litor's attorney or authorized a	gent.		•		
If you file this claim	I am the trus	tee, or the debtor, or their auth	orized agent. Bankru	ptcy Rule 3004	4 .		
electronically, FRBP		ntor, surety, endorser, or other	_				
5005(a)(2) authorizes courts to establish local rules	rama gaara	mor, ourosy, ornaores, as a sure		,			
specifying what a signature			. D			hat when appropriating the	
is.	I understand that	an authorized signature on thi im, the creditor gave the debto	s <i>Proof of Claim</i> serve or credit for any paym	es as an ackno ents received t	oward the de	nat when calculating the bt.	
A person who files a	amount of the old	ini, the creator gave the debte	, 0,000, 10, 01, 10, 10, 10, 10, 10, 10,				
fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
fined up to \$500,000,							
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and							
3571.	Executed on date 02/24/2022						
		MM / DD / YYYY					
	/s/ STANLEY (CHEUNG					
	Signature						
	Print the name of	of the person who is complet	ing and signing this	s claim:			
		STANLEY			CHEUNG		
	Name	First name	Middle name		Last name		
	Title	Bankruptcy Specialist					
		Internal Revenue Service					
	Company Identify the corporate servicer as the company if the authorized agent is a servicer. RECEIVED						
RECEIVE							
	Address	2 Metrotech Center					
FEB 2-5 2022		Number Street	_				
		Brooklyn		NY	11201		
KURTZMAN CARSON CONS	ULTANTS	City		State	ZIP Code		
/	Contact phone	718-834-2238		Email	stanley.s.c	neung@irs.gov	