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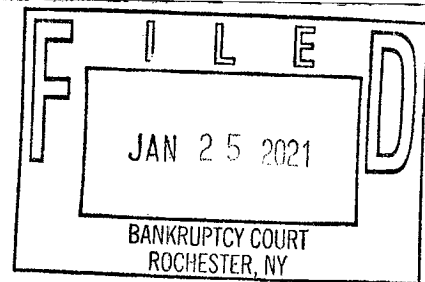
Fill in this information to identify the case:

Debtor 1 SEISENBACHER INC.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of New York

Case: 21-20022



12/15

Official Form 410

Proof of Claim

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. v

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

Robert Half Finance & Accounting

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? _____

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

ROBERT HALF / RECOVERY DEPT

Name

PO BOX 5024

Number Street

SAN RAMON CA 94583

City State Zip Code

Contact phone 925-913-2947

Contact email AMBER.BAPTISTE@ROBERTHALF.COM

Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

Where should payments to the creditor be sent? (if different)

RECOVERY DEPT ATTN: AMBER BAPTISTE

Name

ROBERT HALF INTERNATIONAL, INC

2613 CAMINO RAMON

Number Street

SAN RAMON CA 94583

City State Zip Code

Contact phone 925-913-2947

Contact email AMBER.BAPTISTE@ROBERTHALF.COM

4. Does this claim amend one already filed?

☒ No

☐ Yes Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ 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? ☐ No 002267328
☒ Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$14,700.00 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.

SERVICES PERFORMED

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.)
- 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 Yes. Identify the property _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ 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).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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.

01/20/2021

Amber Baptiste

Signature

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

Name AMBER BAPTISTE
First name Middle name Last name

Title RECOVERY MANAGER

Company ROBERT HALF INTERNATIONAL

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

Address 2613 CAMINO RAMON
Number Street

SAN RAMON CA 94583
City State ZIP Code

Contact phone 925-913-2947 Email AMBER.BAPTISTE@ROBERT
HALF.COM

PeopleSoft Receivables
AGING DETAIL BY BUSINESS UNIT
as of 29-JUL-2020

Item	Employee Name	Line	As Of	Ent Typ/Rsn	Cur	Amount	Other
PRHUS	002267328		SEISENBACHER INC.			Rochester NY	
55164921	Rodriguez, Mariel	1	01/24/2020	EXDR	PLA	CEUSD 14,700.00	14,700.00
	Total		SEISENBACHER INC.			14,700.00	14,700.00
Total PRHUS						14,700.00	14,700.00

Report ID: AR30003
Aging Id: MAIN /
Currency Base Currency
Rate Type:

PeopleSoft Receivables
AGING DETAIL BY BUSINESS UNIT
as of 29-JUL-2020

Page No. 2
Run Date 07/29/2020
Run Time 18:35:53

Item	Employee Name	Line	As Of	Ent Typ/Rsn Cur	Amount	Other

GRAND TOTAL					14,700.00	14,700.00



Page: 1
Invoice Date: 01/24/2020
Invoice Number: REB55164921
Customer Number: 002267328
Fed Tax ID: 94-1648752

Professional Service Invoice - PAYABLE FIFTEEN (15)
CALENDAR DAYS FROM THE INVOICE DATE

Personal & Confidential
Andrew Callahan
SEISENBACHER INC.
175 Humboldt Street, Suite 250
Rochester NY 14610

Please Remit To:
Robert Half Finance & Accounting
P.O. BOX 743295
Los Angeles CA 90074-3295

Pay Online: <https://www.roberthalf.com/pay>

Line	Candidate Placed	Candidate Start Date	Amount
1	Rodriguez, Mariela	02/03/2020	\$ 14,700.00

TOTAL AMOUNT DUE:	\$ 14,700.00
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We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:
(800) 356-1994 / inquiries.srm@roberthalf.com

For qualified accounting and finance professionals please call:
(800) 474-4253

Please detach and return this remittance stub with your payment.

Thank you for choosing Robert Half Finance & Accounting!

Robert Half Finance & Accounting
P.O. BOX 743295
Los Angeles CA 90074-3295

Customer Number	Invoice Number	Total Amount
00000002267328	REB55164921	\$ 14,700.00



January 23, 2020

Personal & Confidential

ANDREW CALLAHAN
SEISENBACHER INC.
175 HUMBOLDT ST
STE 250
ROCHESTER, NY 14610-1058

Job Order Number: 02960-0011341654

Dear Andrew,

Thank you for choosing Robert Half Finance & Accounting to meet your staffing needs. Mariela Rodriguez will begin working for Seisenbacher Inc. as a Purchaser on 02-03-2020. We are confident that Mariela will be a valuable addition to your company.

We will separately send an invoice for our agreed upon placement fee of \$16,500.00. As noted in the Robert Half Finance & Accounting Fee Schedule & Guarantee, the fee is earned at the time the candidate accepts the position and you will be invoiced no more than ten (10) calendar days before the scheduled starting date of employment. Applicable sales and service taxes will be added to the above amount. In addition to the placement fee referenced above, all of the other terms of the Fee Schedule & Guarantee represent the terms of our final agreement and are incorporated herein by this reference.

Robert Half Finance & Accounting specializes in the placement of highly skilled accounting and financial professionals on a full-time basis. We are a division of Robert Half International Inc., the world's leader in specialized consulting and staffing services since 1948.

Congratulations on your new hire! We look forward to working with you in the future. Please do not hesitate to contact us if you have any questions or if we can be of additional service.

Sincerely,

Robert Half Finance & Accounting
255 East Avenue
Suite 401
Rochester, NY 14604
(800) 474-4253



01/21/2020

Personal & Confidential
Andrew Callahan
Seisenbacher, Inc.
175 Humboldt St.
Ste. 250
Rochester, NY 14610

Dear Andrew,

Thank you for selecting Robert Half Finance & Accounting to meet your staffing needs. We look forward to working with you in your search for a Production Scheduler.

Based on our conversation, if Robert Half Finance & Accounting refers a successful candidate for the position(s) noted above, the terms of this letter shall apply. We agree to a fee of 22% of the hired candidate's annual starting salary.

For any candidate we refer for this position(s), this letter and all additional terms in the enclosed Fee Schedule & Guarantee will represent the terms of our agreement. **In the event of any conflicting terms between this letter and the Fee Schedule & Guarantee, this letter will govern.** This letter agreement is only applicable to, and the only Robert Half International Inc. division and branch obligated under this letter agreement is, the Robert Half Finance & Accounting division of the branch located at 255 East Avenue, Ste. 401, Rochester, NY 14604. We will send you a letter of confirmation regarding this agreement when a candidate has been selected.

Robert Half Finance & Accounting specializes in the placement of highly skilled accounting and financial professionals on a full-time basis. We are a division of Robert Half International, the world's leader in specialized consulting and staffing services since 1948.

We appreciate your business and look forward to working with you to locate a candidate who will be a valuable addition to your company. In the meantime, please do not hesitate to contact me if you have questions or if I can be of additional service.

Sincerely,

Brianna Zakala

Brianna Zakala
Recruiting Manager

FEE SCHEDULE & GUARANTEE

Thank you for your confidence in *Robert Half Finance & Accounting*!

Our fees, payable by you, the employer, are contingent on the hiring of a candidate referred by one of our offices. Our standard fee is 35% of the hired candidate's annual salary. However, as discussed and agreed upon for this placement only to further promote our partnership with you, we agree to a reduced fee of 22% of the hired candidate's annual starting salary.

All fees are earned at the time the candidate accepts the position and the fees will be invoiced no more than ten (10) calendar days before the scheduled starting day of employment. Invoices are payable fifteen (15) calendar days from the invoice date. Applicable sales and service taxes will be added to the above amounts.

We reserve the right to include as annual salary any expected bonus, commission or guaranteed increase in salary which is part of the initial employment offer.

ROBERT HALF FINANCE & ACCOUNTING GUARANTEE

If the full fee is paid within fifteen (15) calendar days from the invoice date, a ninety (90) calendar day pro rata guarantee will be in effect. Otherwise, a thirty (30) calendar day pro rata guarantee will be in effect. In either case, if the employee's employment terminates for any reason other than reorganization, elimination of position, takeover or material change in job responsibility within the applicable guarantee period, we will refund a pro rata portion of the full fee actually paid to us for such candidate or issue a pro rata credit for such amount in the event we provide a replacement. The refund or credit will be equal to 1/90th or 1/30th of the full fee actually paid to us for such candidate, as applicable, multiplied by the number of calendar days remaining in the guarantee period as of the last day of employment.

REFERRALS

The fee applies to candidates referred by us for a specified or an alternate position, and employed by you (or an affiliate or any other entity as a result of subsequent referrals by you), either as an employee, consultant or independent contractor, within twelve (12) months from the date of our last referral of a candidate. Please notify us immediately if you require Robert Half Finance & Accounting to perform background checks or other placement screenings of the final candidate selected for employment. We will conduct such checks or screenings only if they are described in a signed, written amendment to this Fee Schedule & Guarantee.

NO CONTRARY AGREEMENTS

This Fee Schedule & Guarantee and the attached cover letter contain the complete and final agreement on the topics discussed herein and supersede any prior agreements or understandings on these topics. If there is a conflict between this Fee Schedule & Guarantee and the attached cover letter, the attached cover letter will prevail over a conflicting term in this Fee Schedule & Guarantee. Our employees do not have the authority either to verbally modify this Fee Schedule & Guarantee or to assume additional responsibilities (except as set forth in the attached cover letter) other than those set forth in this Fee Schedule & Guarantee.

All referrals are made in confidence. Acceptance of our candidate referrals constitutes acceptance of the terms of this fee schedule.

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20-20022 1-1
CASE NO. DOCKET NO.

1/28/2021 ACH
DATE RETRIEVED RECEIVED BY