

Fill in this information to identify the case:

Filed: USBC - Southern District of Texas
Strike, LLC, et al (B10)
21-90054 (DRJ)



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LEGAL SERVICES

Debtor 1 CROSSFIRE LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas

Case number 21-90056

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.

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? Texas Workforce Commission
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)

<p>Where should notices to the creditor be sent?</p> <p>Office of the Attorney General - Bankruptcy & Collections Division</p> <p>Name <u>P.O. Box 12548, MC-008</u></p> <p>Number <u>Austin</u> Street <u>TX</u> ZIP Code <u>78711-2548</u></p> <p>City State ZIP Code</p> <p>Contact phone <u>512-463-2173</u></p> <p>Contact email <u>bankruptcytax@oag.texas.gov</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Texas Workforce Commission, Regulatory Integrity Division - SAU</p> <p>Name <u>101 E. 15th Street, Room 556: Attention Rick Diaz</u></p> <p>Number <u>Austin</u> Street <u>TX</u> ZIP Code <u>78778-0001</u></p> <p>City State ZIP Code</p> <p>Contact phone <u>512-463-2872</u></p> <p>Contact email <u>rid.bankruptcy@twc.state.tx.us</u></p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 9 1 0

7. How much is the claim? \$ 205,071.10. 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 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: _____
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. Identify the property: _____
Creditor reserves all setoff rights under Texas law, including those arising from audits, credits, refunds, or payments due for goods and services provided to the State of Texas.

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. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<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).	\$ _____
<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).	\$ _____
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 205,071.10
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* 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.

Executed on date 12/7/2021
MM / DD / YYYY

/s/ Erin C. Reid
Signature

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

Name	<u>Erin</u>	<u>C.</u>	<u>Reid</u>
	First name	Middle name	Last name
Title	<u>Account Examiner</u>		
Company	<u>Texas Workforce Commission</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>101 E. 15th Street, Room 556</u>		
	Number	Street	
	<u>Austin</u>	<u>TX</u>	<u>78778-0001</u>
	City	State	ZIP Code
Contact phone	<u>(512) 475-1191</u>	Email	<u>erin.reid@twc.state.tx.us</u>

AUSTIN, TEXAS 78778
 CERTIFICATION OF DELINQUENT CONTRIBUTIONS, TAXES, ASSESSMENTS, PENALTIES
 AND/OR INTEREST DUE BY EMPLOYER NAMED BELOW FOR PERIODS SHOWN

Employer CROSSFIRE LLC

INQUIRIES, NOTICES & CORRESPONDENCE:

Attorney General, State of Texas
 Collection Div., Bankruptcy Sec.
 P.O. Box 12548
 Austin, Texas 78711

PAYMENTS

Texas Workforce Commission
 Regulatory Integrity Div., Special Action Unit
 101 E 15th Street Rm. 556
 Austin, Texas 78778-0001

PERIOD (CALENDAR QUARTER)	TOTAL TAXABLE WAGES	TAX RATE (%)	CONTRIBUTION DUE	DELINQUENCY DATE	SEC. 213.021 LATE PAYMENT INTEREST (% of TAX)	SEC. 213.021 LATE PAYMENT INTEREST DUE	SEC. 213.025 JUDGMENT/ ASSESSMENT INTEREST (% of TAX)	SEC. 213.025 JUDGMENT/ ASSESSMENT INTEREST DUE	SEC 213.022 PENALTIES, FEES & OTHER CHARGES
3q21	\$5,266,586.28	4.71	\$199,098.16 (BAL)	11/2/2021	3.00	\$5,972.94			
xxx	xxx	xx	\$199,098.16	xxx	xx	\$5,972.94	xx	\$0.00	\$0.00

TOTAL AMOUNT DUE AS OF December-2021 FOR PERIODS SHOWN ABOVE: \$205,071.10

This employer submitted payment at the tax rate of .84%. This employer's 2021 tax rate is 4.71%.

*(NOTE: T.U.C.A., LABOR CODE, Sec. 213.021 and 213.025 provides for late payment interest on delinquent contributions or taxes and interest on contributions or taxes reduced to judgment or final assessment. Section 213.022 provides that penalties are assessed for late submission of or failure to submit Employer's Quarterly Report.)

THE STATE OF TEXAS §
 COUNTY OF TRAVIS §

The undersigned, an authorized representative of the Texas Workforce Commission, hereby certifies in accordance with T.U.C.A., LABOR CODE, Sec. 213.034, that the foregoing statement was made from reports or audits of the employer named above which are on file in the offices of the Texas Workforce Commission. The contributions, taxes, assessments, penalties, or interest shown to be due by the above statement are past due and unpaid and all just and lawful offsets, payments, and credits have been allowed.



/s/ Erin C. Reid, Account Examiner
 Regulatory Integrity Division, Texas Workforce Commission


EXHIBIT A

TAX DEPARTMENT
 19221 I-45 S STE 250
 SHENANDOAH TX, 77385-2232

TEXAS WORKFORCE COMMISSION
 Austin, Texas 78778

TAX RATE NOTICE

October 21, 2021

CROSSFIRE LLC
 1800 HUGHES LANDING BLVD STE 500
 THE WOODLANDS TX 77380-1684


ACCOUNT NUMBER
██████████ 291-0
EFFECTIVE DATE
Jan 1, 2021

\$866,690.73	CHARGEBACKS	Benefits charged to your account along with any related predecessor account(s) within the period . 10/1/17 to 9/30/20.
\$26,959,929.96	+ TAXED WAGES	Taxable Wages upon which tax has been timely paid within the period . 10/1/17 to 9/30/20.
3.22%	= BENEFIT RATIO	Chargebacks divided by Taxed Wages. The quotient is rounded up to the next hundredth.
1.36	X REPLENISHMENT RATIO	Computed according to State Law and is the same for each employer entitled to an experience rate.
4.40%	= GENERAL TAX RATE	Benefit Ratio multiplied by Replenishment Ratio. The product is rounded up to the next tenth and may not exceed 6.00%.
1.81%	PRIOR YEAR RATE	The sum of your prior year's General, Deficit, and Replenishment Tax Rates.
0.00%	BOND OBLIGATION ASSESSMENT RATE	The product of your prior year rate, Obligation Assessment ratio and Yield Margin (percentage) rounded to the nearest hundredth.
0.03%	+ INTEREST TAX RATE	Assessed to pay interest incurred on advances from the Federal Trust Fund and is the same for each employer.
0.03%	= UNEMPLOYMENT OBLIGATION ASSESSMENT RATE	Obligation Assessment Rate is the sum of the Bond Obligation Assessment Rate and Interest Tax Rate.
NONE	DEFICIT TAX RATE	Prior Year Rate multiplied by Deficit Ratio. The product is rounded to the nearest hundredth and may not exceed 2.00%.
0.10%	EMPLOYMENT AND TRAINING INVESTMENT ASSESSMENT	Assessed to fund the skills development program. This assessment is the same for each employer entitled to an Experience Rate.
0.18%	REPLENISHMENT TAX RATE	Computed according to State Law and is the same for each employer entitled to an Experience Rate.
4.71%	EFFECTIVE TAX RATE	Effective Tax Rate is the sum of amounts shown in the shaded areas. THE TAXABLE WAGE BASE LIMIT IS \$9000 Per Employee, Per Year.

Your tax account services and detail chargeback information can be accessed online at

<http://www.twc.state.tx.us/ui/tax/unemployment-tax-services.html> or tax@twc.state.tx.us

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR ACCOUNT, PLEASE CONTACT YOUR TWC REPRESENTATIVE:

██

Texas Workforce Commission's Unemployment Tax Services Employer's Quarterly Report - Filed on October 29, 2021

As of December 07, 2021 02:27 PM

The amounts displayed may be different than those submitted when the report was filed, due to transactions that were applied later.

[Close this window](#)

Wage Report - Period Jul Aug Sep 2021

TWC Tax Account Number: [REDACTED] 291-0
Employer: CROSSFIRE LLC
1800 HUGHES LANDING BLVD STE 500
THE WOODLANDS, TX 77380-1684
Report Due Date: Nov 01, 2021
Payment Due Date: Nov 01, 2021
Receipt Date: Oct 29, 2021
Comment: ---
Filed On: Oct 29, 2021 03:38 PM
Filed By: ---

Were any of the Texas employees listed on this report paid wages to another state during 2021? **No**

Wage Report Information

Number of Employees:
Jul 2021: 245
Aug 2021: 256
Sep 2021: 215
Texas County: MONTGOMERY

Employee Wage Summary

Texas Total Wages Reported: \$6,162,870.18
Other States Taxable Wages: \$0.00
Texas Taxable Wages: \$5,266,586.28

Tax Summary

Tax Rate: 4.71%
Tax = Texas Taxable Wages x Tax Rate
Tax: \$248,056.21
Late Reporting Penalty: \$0.00
Late Payment Interest: \$5,972.94

Report Amount: \$254,029.15

Employee Wage Details - Filed on October 29, 2021



Unemployment Tax Services

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Payment History

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User Information

Name: Erin C Reid **User ID:** [REDACTED]
Email Address: erin.reid@twc.state.tx.us
Employer: [REDACTED] 291-0 CROSSFIRE LLC
TWC Payment Due: \$205,071.10
Report(s) Due: 0

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Payment Date	Amount	Type	Status	Action
Nov 01, 2021	\$44,007.54	EFT	Paid	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

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