

212

Fill in this information to identify the case.

Debtor 1 MIRAMAR LABS INC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Delaware Bankruptcy Court Wilmington

Case number 2410247

RECEIVED
2024 MAR 22 AM 9:35
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Official Form 410
Proof of Claim

Filed: USBC - District of Delaware
Sientra, Inc., et al (CLM)
24-10245 (JTD)

SNX



04/16

this form to

Read the instructions before filling out this form. This form is for making a claim for an administrative expense. Make such a request for payment of an administrative expense. Make such a request.

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?	<u>Pennsylvania Department of Revenue</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Pennsylvania Department of Revenue</u> Name <u>Bankruptcy Division PO Box 280946</u> Number Street <u>Harrisburg PA 17128-0946</u> City State ZIP Code Contact phone <u>(717) 783-8989</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>Pennsylvania Department of Revenue</u> Name <u>Bankruptcy Division PO Box 280946</u> Number Street <u>Harrisburg PA 17128-0946</u> City State ZIP Code Contact phone <u>(717) 783-8989</u> Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**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: 1 2 0 2

7. How much is the claim? \$ 55.02 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.
- Taxes owed to the State of Pennsylvania

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: \$ 0
- Amount of the claim that is secured: \$ 0.00
- Amount of the claim that is unsecured: \$ 55.02 (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: \$ 0.00
- Annual Interest Rate (when case was filed) 8.00 %
- ☒ 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. \$ 0.00

11. Is this claim subject to a right of setoff? ☒ No ☐ 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. Check one:

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

Amount entitled to priority

\$ 0.00

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ 0.00

☐ Wages, salaries, or commissions (up to \$12,850*) 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).

\$ 0.00

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ 0.00

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ 0.00

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ 0.00

* Amounts are subject to adjustment on 4/01/19 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 03/14/2024

MM / DD / YYYY

/s/ Schiavon Williams, Chief

Signature

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

Name

Heather Haring

First name

Middle name

Last name

Title

Company

PA Department of Revenue

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

Address

4th and Walnut Street

Number

Street

Harrisburg

City

PA

State

17128

ZIP Code

Contact phone

(717) 705-3982

Email

hharing@pa.gov



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE**

**DISTRICT OF DELAWARE
824 Market ST N 3rd Floor
Wilmington, DE 19801**

Debtor: MIRAMAR LABS INC

Case ID: 24-10247

Dear Clerk of Courts:

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance. This represents a claim in the sum of:

\$55.02

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below. Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope.

Sincerely,

**PA Department of Revenue
PO Box 280946
Harrisburg PA 17128
717-425-2495 Extension 91160
717-783-4331 (Fax)**

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER



pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

**SUPPORTING DOCUMENTATION FOR
TAXES DUE THE COMMONWEALTH OF
PENNSYLVANIA DEPARTMENT OF
REVENUE**

☒ Original Claim

☐ Amended Claim

This claim supercedes all previous claims filed

Date Amended:

MIRAMAR LABS INC

UNITED STATES BANKRUPTCY COURT

Delaware Bankruptcy Court Wilmington

Petition Filing Date 12-Feb-2024

Case Number 24-10247

Chapter Chapter 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth . At this present time of the filing of this proof of claim, the Debtor was indebted to the Commonwealth in the

SUM of \$55.02 for the following:

- ☒ State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P.S. 7210
- ☐ Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- ☐ Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P.S. 7301
- ☐ Corporate Net Income Tax
- ☐ Capital Stock-Franchise Tax
- ☐ Corporate Loans Tax
- ☐ Other

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability.

Total Secured claim: \$0.00

Pursuant to Section 506(b) of the Bankruptcy Code, post petition Interest may be payable.

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability.

Total administrative: \$0.00

UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority

Liabilities existing before petition date

See attached statement of account detailing the liability.

Total unsecured priority: \$0.00

UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the petition filing date

See attached statement of account detailing the liability.

Total unsecured non-priority claim: \$55.02

Credits: The Commonwealth of Pennsylvania, Department of Revenue has not identified a right of setoff or counterclaim in preparing and filing this proof of claim. However, this determination is based on available information and the commonwealth of Pennsylvania, Department of Revenue does not intend to waive any of its available rights to setoff against this claim debts owed to this debtor by this agency . All rights of setoff are preserved and reserved (including those arising as the result of audits, credits, refunds or payments) and will be asserted to the extent lawful.

/s/ Schiavon Williams, Chief



pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

**BANKRUPTCY STATEMENT OF
ACCOUNT**

Petition Date: 12-Feb-2024

Case Number: 24-10247

Chapter: Chapter 11

MIRAMAR LABS INC

420 S FAIRVIEW AVE STE 200 GOLETA CA
93117-3654

Primary Tax Numbers

FEIN: **-***1202

TYPE OF CLAIM		UNSECURED NON-PRIORITY		Account ID:		*****8919	
TAX TYPE	ESTIMATES	PERIOD	TAX	INTEREST	FEES	PENALTY	BALANCE
Sales and Use Tax	No	30-Jun-2020	\$0.00	\$0.00	\$0.00	\$55.02	\$55.02
			\$0.00	\$0.00	\$0.00	\$55.02	\$55.02

Personal Income Tax Estimate: When a tax return is not filed, the estimated tax liability is based on the best available information, such as information obtained from the IRS, information from other taxing authorities, information set forth in the bankruptcy petition or other filings, etc. To remove the estimates, where pertinent, additional information should be provided or complete tax returns should be filed as this is required for the Department to file a liquidated claim for the estimated period(s). Upon request and without the need for filing a formal objection, the Department will provide the necessary information to debtor or debtor's counsel. An amended proof of claim may be filed upon the filing of a complete and signed Form PA-40 tax return and the submission of the required information.

ALL LIENS FILED IN THE
PROTHONOTARY OFFICE IN THE
COUNTY INDICATED.

ALL LIENS FILED IN THE
COMMONWEALTH OF PENNSYLVANIA
UNLESS INDICATED OTHERWISE.

0850
03.28

FedEx
TRACKING
0200

8170 9030 0850

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THU - 28 MAR AA
STANDARD OVERNIGHT

97005
OR-US
PDX

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533218 27Mar2024 116A 58162/8538/C88B

FedEx Express Package US Airbill

FedEx Tracking Number 8170 9030 0850

Form ID No. 0200

Recipient's Copy

1 From
Date 3.24.24
Sender's Name [Redacted] Phone [Redacted]
Company [Redacted]
Address [Redacted]
City [Redacted] State OK ZIP 73105

2 Your Internal Billing Reference
3 To
Recipient's Name [Redacted] Phone [Redacted]
Company [Redacted]
Address [Redacted]
City [Redacted] State OK ZIP 73105

4 Express Package Service
Next Business Day
☐ FedEx First Overnight
☐ FedEx Priority Overnight
☒ FedEx Standard Overnight
2 or 3 Business Days
☐ FedEx 2Day A.M.
☐ FedEx 2Day
☐ FedEx Express Saver

5 Packaging
☒ FedEx Envelope*
☐ FedEx Pak*
☐ FedEx Box
☐ FedEx Tube
☐ Other

6 Special Handling and Delivery Signature Options
☐ Saturday Delivery
☐ No Signature Required
☐ Direct Signature
☐ Indirect Signature
Does this shipment contain dangerous goods?
☒ No
☐ Yes
☐ Dry Ice
☐ Cargo Aircraft Only

7 Payment Bill to:
Sender's Acct. No. in Section 1
Recipient
Third Party
Total Packages
Total Weight
lbs.

RECEIVED
MAR 28 2024



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LEGAL SERVICES

Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.
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