

United States Bankruptcy Court
For the _____ District of _____

In re

Case No. _____

Debtor*

**PROOF OF CLAIM FOR
WAGES, SALARY, OR COMMISSIONS**

1. The undersigned, claimant herein, resides at**

and has social security number

2. The debtor owes the claimant _____, computed as follows:

(a) wages, salary or commissions for services performed from the
_____ day of _____, 20____, to the
_____ day of _____, 20____, at the
following rate or rates of compensation

(b) allowances and benefits, such as vacation, severance and sick
leave pay (specify)

Total Amount Claimed

3. The claimant demands priority to the extent permitted by 11 U.S.C. § 507(a)(3).

4. The claimant has received no payment, no security, and no check or other evidence of this debt except as follows:

Claim Number
(For Office Use Only)

Dated:

Signed: _____,

Claimant

Penalty for Presenting Fraudulent Claim. Fine of not more than \$5,000 or imprisonment for not more than 5 years or both—Title 18, U.S.C. § 152.

*Include all names used by debtor with in last 6 years. **State post office address.