

Instructions for Payment Request Form

United States Bankruptcy Court

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

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.

How to fill out this form

- **Name of Claimant.** Indicate your full name.
- **Indicate Debtor against which you are asserting your request.** Indicate the Debtor against which you assert a payment request by checking the appropriate box. Check only one Debtor per claim form. If you are asserting payment requests against more than one Debtor, you MUST file a separate payment request for each debtor.
- **Indicate the nature and basis/description of your claim.**
- **Indicate the date(s) the claim arose.**
- **Indicate the amount of your claim.** Indicate the amount of your claim in lawful currency of the United States as of the Administrative Claim Bar Date.
- **Attach any supporting documents to this form.**
Attach redacted copies of any documents that show that the debt exists. (See the definition of *redaction* on the reverse page.). Documentation should include both evidence of the nature of the administrative expense claim asserted as well as evidence of the date or dates on which the administrative expense claim arose.
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information.** Leave out or redact confidential information both in the claim and in the attached documents.

- **A Payment Request form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the request has been filed

To receive confirmation that the request has been filed, either enclose a stamped self-addressed envelope and a copy of this form or you may access the claims agent's website (www.donlinrecano.com/taronis) to view the filed form.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate.
11 U.S.C. § 503.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt.

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Information that is entitled to privacy: A *Payment Request* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a request is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the request.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Payment Request* form and any attached documents.

Do not file these instructions with your form.

**PLEASE SEND COMPLETED ADMINISTRATIVE
EXPENSE PAYMENT REQUEST FORMS TO:**

If sent by mail, send to:

Donlin, Recano & Company, Inc.
Re: Taronis Fuels, Inc., et al.
P.O. Box 199043
Blythebourne Station
Brooklyn, NY 11219

If sent by Overnight Courier or Hand Delivery, send to:

Donlin, Recano & Company, Inc.
Re: Taronis Fuels, Inc., et al.
6201 15th Avenue
Brooklyn, NY 11219

**Alternatively, your payment request may be filed
electronically on DRC's website at:**

<https://www.donlinrecano.com/Clients/tfi/FileClaim>