

UNITED STATES BANKRUPTCY COURT DISTRICT SOUTHERN OF NY

PROOF OF CLAIM

Name of Debtor **SHARED TECHNOLOGIES ALLEGIANCE, INC** Case Number **03 13108 NY**

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

Name and address of Creditor (This person or other entity to whom the debtor owes money or property)
PENNSYLVANIA DEPARTMENT OF REVENUE

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

FILED
U.S.B.C. SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
347

Name and address where notices should be sent
Pennsylvania Department of Revenue
Commonwealth of Pennsylvania
Bankruptcy Division
Department 280946
Harrisburg PA 17128 0496
Telephone number (717) 783 8989

THIS SPACE FOR COURT USE ONLY

Account or other number by which identifies debtor
EIN 331009098
SSN

- Check here if this claim
- Replaces
 - Amends a previously filed claim dated 07/17/2003

- 1 Basis for Claim
- Goods Sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other

- Retiree benefits as defined in 11 U.S.C. §1114(a)
 - Wages, salaries and compensation (if not below)
- Your SS# _____
Unpaid compensation for services performed
From _____ (date) to _____ (date)

REC'D AUG 30 2003

2 Date debt was incurred **"See Attached"**

3 If court judgement, date obtained **"See Attached"**

4 Total Amount of Claim at Time Case Filed **\$892 00**
If all or part of your claim is secured or entitled to priority also complete item 5 or 6 below
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 Secured Claim

Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

Real Estate Motor Vehicle

Other _____

Value of Collateral \$ Unknown

Amount of arrearage and other charges at time case filed included in secured claim if any \$0 00

6 Unsecured Priority Claim

Check this box if you have an unsecured priority claim

Amount entitles to priority \$892 00

- Wages, salaries or commissions (up to \$4000) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(3)
- Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4)
- Up to \$2 100* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(8)
- Alimony, maintenance or support owed to a spouse or child 11 U.S.C. § 507(a)(7)
- Taxes or penalties owed to a governmental unit 11 U.S.C. § 507(a)(9)
- Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____)

* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this claim.


8 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary.

9 Date Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

RECEIVED

2003

Allegiance Claim



00348

Date **7/17/03**

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Sandra K Kirk, Chief



Michelle Peterson

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

SHARED TECHNOLOGIES ALLEGIANCE, INC
ALLEGIANCE CPE, INC
SHARED TECHNOLOGIES FAIRCHILD TELECOM
SHARED TECHNOLOGIES FAIRCHILD

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
Petition Filing Date 05/14/2003
Case Number 0313108 NY
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 \$892 00 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

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

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

\$892 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

All payments of this claim have been credited and deducted for the purpose of making this proof of claim

(Representative Bureau of Compliance)



**BANKRUPTCY
 STATEMENT OF ACCOUNT**

Page 1 of 1
 Pet Date 5/14/2003
 Cause Number 0313108 NY
 Chapter 11

Michelle Peterson

SHARED TECHNOLOGIES ALLEGIANCE, INC
 TWO UNIVERSITY PLAZA
 6TH FLOOR
 HACKENSACK NJ 07601

Primary Tax Numbers

Emp Identification Number 331009098
 Sales Tax License Number 82381486
 Social Security Number
 Corp Tax Number 2570445
 Other Number

Additional Debtors and/or Names **SSN** **EIN**
 ALLEGIANCE CPE INC 331009095
 SHARED TECHNOLOGIES FAIRCHILD
 SHARED TECHNOLOGIES FAIRCHILD

Note

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number: 2570445				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	07/17/02 - 12/31/ 02 (02)	\$92 00	\$0 00	\$0 00	\$0 00	\$92 00
CT	<input checked="" type="checkbox"/>	12 02 (03)	\$40 00	\$0 00	\$0 00	\$0 00	\$40 00
CT	<input checked="" type="checkbox"/>	12 02 (04)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
CT	<input checked="" type="checkbox"/>	01/01/03 05/14/ 03 (02)	\$74 00	\$0 00	\$0 00	\$0 00	\$74 00
CT	<input checked="" type="checkbox"/>	12 03 (03)	\$40 00	\$0 00	\$0 00	\$0 00	\$40 00
CT	<input checked="" type="checkbox"/>	12 03 (04)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$446 00	\$0 00	\$0 00	\$0 00	\$446 00

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number: 2570456				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	07/17/02 - 12/31/ 02 (02)	\$92 00	\$0 00	\$0 00	\$0 00	\$92 00
CT	<input checked="" type="checkbox"/>	12 02 (03)	\$40 00	\$0 00	\$0 00	\$0 00	\$40 00
CT	<input checked="" type="checkbox"/>	12 02 (04)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
CT	<input checked="" type="checkbox"/>	01/01/03 05/14/ 03 (02)	\$74 00	\$0 00	\$0 00	\$0 00	\$74 00
CT	<input checked="" type="checkbox"/>	12 03 (03)	\$40 00	\$0 00	\$0 00	\$0 00	\$40 00
CT	<input checked="" type="checkbox"/>	12 03 (04)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$446 00	\$0 00	\$0 00	\$0 00	\$446 00

LEGEND

ST = Sales Use and Hotel Occupancy Tax
 CT = Corporation Tax
 EMP = Employer Withholding
 AN = Individual Income Tax
 MT = Mass Transit
 MC = Motor Vehicle

LF = Liquid Fuels
 OF = Oil Franchise
 PTA = Public Transportation Assistance Act

Personal Income Tax Estimates Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040 Information can be mailed to debtor or debtor's counsel upon written request without the need for filing a formal objection An amended proof of claim may be filed upon the filing of a properly completed and signed PA 40 tax return

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



July 17, 2003

JONATHAN S HENES
KIRKLAND & ELLIS
CITIGROUP CENTER
153 E 53RD STREET
NEW YORK, NY 10022-4675

Dear JONATHAN S HENES

Re SHARED TECHNOLOGIES ALLEGIANCE, INC
Case Number 03-13108

Enclosed is a copy of the proof of claim filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance, Bankruptcy Division. This represents a claim in the sum of

\$892 00

Sincerely,

A handwritten signature in black ink, appearing to read 'Michelle Peterson'.

Michelle Peterson
Bankruptcy Review Section
Bankruptcy Division
(717) 783-1344
Fax (717) 783-4331

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



July 17 2003

Bankruptcy Management Corporation
ATTN Allegiance Telecom, Inc Claims
Agent
1330 E Franklin Ave
El Segundo, CA 90245

Case No 03-13108 NY
SHARED TECHNOLOGIES ALLEGIANCE,
INC
ALLEGIANCE CPE, INC
SHARED TECHNOLOGIES FAIRCHILD
TFLECOM
SHARED TECHNOLOGIES FAIRCHILD

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

\$ 892 00

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,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 783-1344
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER