UNITED STATES SANKRUPTCY COURT DISTRICT SOUTHERN OF NY Name of Dibblos Name of Dibblos Name and districts of the state in state of the	FOPN #B10 (Official Form 10) (9/97)		
SHARED TECHNOLOGERS ALL REGARDS. INC  NOTE: The form and and the same to make disurder and administrative expense training allows to committee the committee the committee and administrative expense training allows the committee the committee and administrative expense training allows the committee and administrative expense training allows the committee and administrative expense of the rest of the promoter of the committee and administrative expense of the rest of the promoter of the committee and administrative expense of the rest of the promoter of the promoter of the rest of the promoter of the rest of the promoter of	UNITED STATES BANKRUPTCY COURT DISTRICT SOUTHERN OF	= NY	PROOF OF CLAIM
Note: In storm thought not busised in make a causinot and administrative exposers aring affect or commitment of the cause in the register of the property of the commitment of the cause in the content of the cause in the			
Name and address of Deschitz (This person or other entity to who the debtor ones money or gropetry)  PENNSYLVANIA DEPARTMENT OF REVENUE  Name and address after entities about the person of control of all methods and the person of the person	NOTE This form should not be used to make a claimfor an administrative expense arising	after the commencement of the case	
annyone at advantage of presentation of the control			
Altach copy of statements soft and statement of Service Preserved		annyone else has filed a proof of	FILED
PermyName Department of Namorus Commonwealth of Persylvania Department 2014 Examples of Persylvania Department 2014 Examples PA 17128 36466  Talephore mumber 1717 788 3669  Talephore mumber 1717 788 3669  Talephore mumber 1717 788 3669  SSN  1 Basis for Claim Goods Sold General mynywronglid ceath Money Joaned Personal mynywronglid ceath General mynywronglid ceath General mynywronglid ceath General mynywronglid ceath Honey Joaned Traces Goods Sold General mynywronglid ceath Ge		Attach copy of statement his No.	[HERN DISTRICT OF NEW YORK GIANCE TELECOM, INC
received any notices from the   347   services   347   services   Department 20046   Part 2004   Par	Name and address where notices should be sent		03-13057 (RRD)
Check how the address of the scale of the	Commonwealth of Pennsylvania	received any notices from the	347
Security	Department 280946		
Replaces   Replaces   Replaces   Amends a previously filed claim dated 07/17/2003	Telephone number (717) 783 8989		THIS SPACE FOR COURT USE ONLY
Amends a previously filed claim dated. 07/17/2003   Basis for Claim	Account or other number by which identifies debtor	Check here if this claim	
Basis for Claim   Goods Sold   Rethree benefits a defined in 11 USC \$1114(a)   Wages salanes and compensation for services performed   Wages salanes and compensation of see Attached*    1 Taxes   Wages salanes and compensation for services performed   Wages salanes and compensation of see Attached*   Wages salanes and compensation of see Attached*   Wages salanes and salane   Wages salanes and salanes   Wages salanes   Wage	EIN 331009098	Replaces	
Other   (date)   (date)	SSN	Amends a previously filed of	claim dated 07/17/2003
Other   (date)   (date)	1 Basis for Claim		
Other   (date)   (date)	<u> </u>	Retiree benefits a defined in 11 Un	S.C. §1114(a)
Other   (date)   (date)		Wages salaries and compensation	FGDut Melow)
Other   (date)   (date)	☐ Money loaned	Your SS#	AUG 3 A
Other   (date)   (date)		Unpaid compensation for services perfo	ormed 2002
2 Date debt was incurred "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 night of setoff)  Bnef Description of Collateral  Check this box if you have an unsecured priority S892.00  Wiges salines or commissions (up to \$4000) * earned within 90 days before filting of the bruitinghey petition of cession of the debris beariess whichever is earlier if U.S.C. § \$307(a)(4)  Value of Collateral \$ Unknown  Amount of arrearage and other charges at time case filed included in secred claim if any \$0.00  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 promissiony notes purchase orders invoices itemized statements of running accounts contracts court judgements mortgages security aggreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not deviatable explain if the documents are roll advailable explain if the documents are roll advailable explain if the documents are roll advailable explain if the documents are not advailable explain if the documents are roll advailable explain if the documents are not advailable explain if the documents are roll advailable explain if the documents are not advailable explain if the documents are not advailable explain if the documents are not advailable explain.			303
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 light of seloff)  Brief Description of Collateral  Motor Vehicle  Motor Vehicle  Other  Value of Collateral \$ Unknown  Amount of arrearage and other charges at time case filed included in secred claim if any \$0.00  To Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this claim.  Supporting Documents. Attach copies of supporting documents such as promissiony notes purchase charges of supporting documents such as promissiony notes purchase charges of supporting documents are not advallable explain. If the documents are not advallable explain. If the documents are not advallable explain. If the documents are voluminous statch a summary.  Page 18 Supporting Documents. Attach copies of supporting documents such as promissiony notes purchase orders invoices termized statements of running accounts contracts court judgements mortgages sociumly aggreements and evidence of perfection of lies. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not advallable explain. If the documents are voluminous attach a summary.  Page 18 Supporting Documents attach as promissiony notes purchase orders invoices termized statements of running accounts contracts court judgements mortgages sociumly aggreements and evidence of perfection of lies. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not advallable explain. If the documents are voluminous attach a summary.  Page 28 Description of the purpose of making this claim.  Base 30 Description of the purpose of making this claim, and profit he making the purpose of profit to other person authorized to life.  Base 30 Description		(date)	(date)
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  Motor Vehicle  Other  Value of Collateral S Unknown  Amount of arrearage and other charges at time case filed included in secred claim if any \$0.00  Tordits The amount of all payments on this claim has been credited and deducted for the purpose of making this claim.  Supporting Documents. Attach copies of supporting documents such as promissory notes: purchase orders invoices itemized statements of running accounts contracts court judgements mortgages security aggreements and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS if the documents are not advailable explain if the documents are voluminous attach a summary.  9 Date Stamped Copy. To receive an acknowledgement of the filling of your claim enclose a stamped self-addressed envelope and a copy of this proof of claim.  All contracts court judgements mortgages security aggreements and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS if the documents are not advailable explain if the documents are voluminous attach a summary.  9 Date Stamped Copy. To receive an acknowledgement of the filling of your claim enclose a stamped self-addressed envelope and a copy of this proof of claim.  All contracts court judgements mortgages security aggreements and evidence of perfection of lien. Do NOT SEND ORIGINAL DOCUMENTS if the documents are not advailable explain if the documents are voluminous attach a summary.  9 Date Stamped Copy. To receive an acknowledgement of the filling of your claim enclose a stamped self-addressed envelope and a copy of this proof of claim.  All contracts the cafe of the perfection of the perfection of the perfection o	2 Date debt was incurred "See Attached"	3 If court judgement, date obtain	ned 'See Attached"
Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral    Real Estate   Motor Vehicle   Wiges ralines or commissions (up to \$4000) * earned within 90 dilys before filing of the brilling personnel filing	or additional charges		This could be a statement of all interest
Amount entities to priority \$892.00    Real Estate   Motor Vehicle   Wages salines or commissions (up to \$4000) * camed within 90 days before filing of the binikruptory petition of cessation of the debtor's business whichever is cartier 11 U.S.C. § 507(a)(3)   Continuous to an imployee benefit plan. 11 U.S.C. § 507(a)(4)   Up to \$2100* of deposits toward purchase lease or rental of propers or services for personal finally or household use. 11 U.S.C. § 507(a)(4)   Up to \$2100* of deposits toward purchase lease or rental of propers or services for personal finally or household use. 11 U.S.C. § 507(a)(4)   Up to \$2100* of deposits toward purchase lease or rental of propers or services for personal finally or household use. 11 U.S.C. § 507(a)(5)   Almonis maintenance or support owed to a spouse or clinid. 11 U.S.C. § 507(a)(7)   Pases on personal participation of the services for personal finally or household use. 11 U.S.C. § 507(a)(7)   Pases on personal participation of the services of the purpose of reliability. In the service of the purpose of making this claim.  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 judgements mortgages security aggreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not advailable 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.  Date  Sign and print the name and title if any of the creditor o other person authorized to file this claim (attach copy of power of attorney if any).			
Brief Description of Collateral			
Real Estate   Motor Vehicle   of the bruik-ruptov petition of cessation of the debtor's business whichever is earlier   11 U S C	Brief Description of Collateral		
Other   Up to \$2 100* of deposits townid punchase lease or rental of property or services for personal finally or household use ITUSC § 507(a)(s)  Value of Collateral \$ Unknown   Alimony maintenance or support oxed to a spouse or child ITUSC § 507(a)(s)  Amount of arrearage and other charges at time case filed included in secred claim if any \$0.00   Taxes of perfect to adjustment on 4/1/04 and every 3 years their caffer with respect to cases for the purpose of making this claim  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 judgements mortgages security aggreements and evidence of perfection of filen DO NOT SEND ORIGINAL DOCUMENTS if the documents are not advailable 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  Date  Sign and print the name and title if any of the creditor of other person authorized to file this claim (attach copy of power of attorney if any)	Real Estate Motor Vehicle	of the brinkruptcy petition of cessation of t	the debtor's business whichever is earlier
Value of Collateral \$ Unknown  Alimon: maintenance or support owed to a spouse or child 11  USC \$ 507(a)(\$)  Alimon: maintenance or support owed to a spouse or child 11  USC \$ 507(a)(\$)  Alimon: maintenance or support owed to a spouse or child 11  USC \$ 507(a)(\$)  Other Specify applicible partiagable of 11 (SC \$ 507(a)(\$))  * *timounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect for the purpose of making this claim  Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgements mortgages security aggreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS if the documents are not advailable explain if the documents are voluminous attach a summary  Date Stamped Copy To receive an acknowledgement of the filling of vour claim enclose a stamped self-addressed envelope and a copy of this proof of claim  Date  Sign and print the name and title if any of the creditor of other person authorized to file this claim (attach copy of power of attorney if any)	П. Об		, , , , ,
Amount of arrearage and other charges at time case filed included in secred claim if any \$0.00    Chei   Specify applie ble parigraph of 11   SC   \$507(a)(4)	Otner	services for personal family or household	luse 11 U S C $\S$ 507(a)( $\S$ )
Other Specify applicible parigraph of 11 t SC 507(a)(	Value of Collateral \$ Unknown		on spouse or child 11
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 judgements mortgages security aggreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not advailable explain If the documents are voluminous attach a summary  9 Date Stamped Copy To receive an acknowledgement of the filing of vour claim enclose a stamped self-addressed envelope and a copy of this proof of claim  Date  Sign and print the name and title if any of the creditor o other person authorized to file this claim (attach copy of power of attorney if any)			• •
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enclose a stamped self-addressed envelope and a copy of this proof of claim  Date  Sign and print the name and title if any of the creditor of other person authorized to file this claim (attach copy of power of attorney if any)	promissory notes purchase orders invoices itemized statements of runr accounts contracts court judgements mortgages security aggreements of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the doc	aing and evidence and evidence are the comments	EGELVE
this claim (attach copy of power of attorney if any)			4 san management
7/17/3   Sandra K Kirk, Chief   00348		erson authorized to file	Allegiance Claim
A K A A C C C C C C C C C C C C C C C C	17/12/3 \ San 16/Ke )	Sandra K Kirk, Chief	00348

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE BUREAU OF COMPI IANCE DEPT 280946 HARPISBURG PA 17128 0946



Michelle Peterson

### SUPPORTING DOCUMENTATION FOR TAXES DUE THE **COMMONWEALTH OF**

**PENNSYLVANIA** DEPARTMENT OF REVENUE

Original Claim Amended Claim
 This claim supercedes all

Date Amended

SHARED TECHNOLOGIES AL	LEGIANCE, 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

At this

	dersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealt t time of the filing of this proof of claim the Debtor was indebted to the Commonwealth in the	h
SUM	\$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	
$ \checkmark $	Corporate Net Income Tax	
$\checkmark$	Capital Stock Franchise Tax	
abla	Corporate Loans Tax	
	Other	
W# 5	ECURED CLAIMS (Tax lien(s) filed before petition date)	I
	See attached statement of account detailing the liability	ı
Pursi	Total secured claim ant to Section 506(b) of the Bankruptcy Code post petition Interest may be payable	
	DMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code	1
	See attached statement of account detailing the liability	1
	Total administrative	
١	NSECURED PRIORITY CLAIMS - Section 507(a)(\$) of the Bankruptcy code for unliened priority  Liabilities existing before petition date	
	See affached statement of account detailing the liability	
	Total unsecured priority \$892.00	
	NSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the	
	See attached statement of account detailing the liability	
	Total unsecured non priority claim	
All pa	ments of this claim have been credited and deducted for the purpose of making this proof of claim	
	(Representative Bureau of Compliance)	_

COMMONWEALTH OF PENNSYLVANIA BUREAU OF COMPLIANCE DEPT 280946 HARRISBURG PA 17128 0946

Michelle Peterson



## **BANKRUPTCY** STATEMENT OF ACCOUNT

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Pet Date 5/14/2003

Cause Number 0313108 NY

Chapter 11

SHAPED TECHNOLOGIES ALLEGIANCE, INC TWO UNIVERSITY PLAZA 6TH FLOOR

Emp Identification Number 331009098

Sales Tax License Number 82381486

Social Security Number

Corp Tax Number 2570445

**Primary Tax Numbers** 

Other Number

Additional Debtors and/or Names

SSN

EIN

331009095

ALLEGIANCE CPE INC

SHARED TECHNOLOGIES FAIRCHILD SHARED TECHNOLOGIES FAIRCHILD

HACKENSACK NJ 07601

Note

TYPE OF CLAIM UNSECURED PRIORITY		Tax Numb	er:	2570445			
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	×	07/17/02 - 12/31/ 02 (02)	\$92 00	\$0.00	\$0 00	\$0.00	\$92 00
CT	×	12 02 (03)	\$40 00	\$0 00	\$0 00	\$0.00	\$40 00
CT	×	12 02 (04)	\$100 00	\$0.00	\$0.00	\$0.00	\$100 00
CT	×	01/01/03 05/14/ 03 (02)	\$74 00	\$0.00	\$0 00	\$0.00	\$74 00
CT	×	12 03 (03)	\$40 00	\$0.00	\$0 00	\$0.00	\$40 00
CT	×	12 03 (04)	\$100 00	\$0.00	\$0 00	\$0.00	\$100 00
Lien Filing Date		County Lien Filed			Lien Docket No	umber	<del>-</del>
1		TOTAL	\$446 00	\$0.00	\$0.00	\$0.00	\$446 00

TYPE OF CL	AIM UN	SECURED PRIORITY	Tax Number:		<u>2570456</u>			
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE	
CT	X	07/17/02 - 12/31/ 02 (02)	\$92 00	\$0.00	\$0 00	\$0.00	\$92 00	
CT CT	×	12 02 (03)	\$40 00	\$0.00	\$0 00	\$0.00	\$40 00	
ČT_	×	12 02 (04)	\$100 00	\$0.00	\$0.00	\$0 00	\$100 00	
CT	×	01/01/03 05/14/ 03 (02)	\$74 00	\$0 00 T	\$0.00	\$0.00	\$74 00	
CT	×	12 03 (03)	\$40 00	\$0.00	\$0.00	\$0.00	\$40 00	
CT	×	12 03 (04)	\$100 00	\$0.00	\$0.00	\$0.00	\$100 00	
Lien Filing Data		Count, Lien Filed			Lien Docker Nu	nber		
		TOTAL	\$446 00	\$0 00	\$0 00	\$0 00	\$446 00	

**LEGEND** 

ST = Sales Use and Hotel Ocupancy Tax

CT = Corporation Tax

EMP = Employer Withholding

AN = Individual Income Tax

MT = Mass Transit

MC - Moto Ca e

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 filled upon the filling 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 PENINSYLVAINIA UNLESS INDICATED OTHERWISE

BUREAU OF COMPLIANCE DEI T 280946 HARRISBURG PA 17128 0946

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE



July 17, 2003

JONATHAN S HENES
K1RKLAND & ELLIS
C1TIGROUP 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,

Michelle Peterson
Bankruptcy Review Section
Bankruptcy Division

(717) 783-1344

Fax (717) 783-4331

Enclosures

BUREAU OF COMPLIANCE DEPT 280946 HARRISBURG PA 17128 0946

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE



July 17 2003

Bankrup	otcy M	lanagei	ment	Corpo	rati	on
ATTN	Alleg	grance	Tele	ecom,	Inc	Claıms
Agent						
1330 E	Frar	ıklın A	Ave			
El Seau	ındo,	CA 9	0245			

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

### <u>\$ 892 00</u>

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
Buleau of Compliance
(717) 783-1344
TDD# (717) 772-2252 (Healing Impaired Only)
Fax (717) 783-4331

CLAIM NUMBER