

<b>UNITED STATES BANKRUPTCY COURT    SOUTHERN    DISTRICT OF    NEW YORK</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor <b>ALLEGIANCE TELECOM OF NEW JERSEY I NC</b>		Case Number <b>03-13084-RDD</b>	
<p><small>NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small></p>		<p><b>FILED</b> <b>U.S.B.C. SOUTHERN DISTRICT OF NEW YORK</b> <b>ALLEGIANCE TELECOM, INC</b> <b>03-13084 (RRD)</b> <b>842</b></p> <p>THIS SPACE IS FOR COURT USE ONLY</p>	
Name of Creditor (The person or entity to whom the debtor owes money or property)  <b>Department of the Treasury - Internal Revenue Service</b>			<input type="checkbox"/> Check box if you are <b>ALLEGIAN</b> anyone else has filed a proof of claim relating to your claim. Attach copy of statement of particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and addresses where notices should be sent <b>Internal Revenue Service IRS Insolvency Group 4 290 Broadway Stop 5TH FLR New York, NY 10007</b>  Telephone number (212) 436-1351    Creditor #			
Account or other number by which creditor identifies debtor  <b>see attachment</b>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
<p><b>1 Basis for Claim</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input checked="" type="checkbox"/> Taxes  <input type="checkbox"/> Other _____                 </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Your SS # _____                      Unpaid compensation for services performed from _____ (date) to _____ (date)                 </div> </div>			
<b>2. Date debt was incurred</b> see attachment		<b>3 If court judgment, date obtained</b>	
<p><b>4 Total Amount of Claim at Time Case Filed</b>    \$ <u>105,033.10</u></p> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below</p> <input checked="" type="checkbox"/> 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.		<p><b>REC'D OCT 22 2003</b></p>	
<p><b>5 Secured Claim</b></p> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral    \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any    \$ _____		<p><b>6 Unsecured Priority Claim</b></p> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority    \$ <u>89,763.34</u> Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* 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) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)	
<p><b>7 Credits</b>    The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p><b>8 Supporting Documents</b>    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.</p> <p><b>9 Date-Stamped Copy</b>    To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p>		<p>THIS SPACE IS FOR COURT USE ONLY</p> <div style="border: 2px solid black; padding: 5px; transform: rotate(-15deg);"> <p style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">OCT 11 2003</p> <p style="font-size: 0.8em; font-weight: bold;">CLERK'S PROCESSING CENTER U.S.B.C. SOUTHERN DISTRICT OF NEW YORK</p> </div> <p style="text-align: center; font-size: 0.8em;">Allegiance Claim 00880</p>	
Date <b>10/04/2003</b>	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)  <i>M. G. Sullivan</i> Insolvency Territory 2 Manager		
<p><i>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both.</i></p>			

# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10  
Attachment

In the Matter of ALLEGIANCE TELECOM OF NEW JERSEY, I  
NC  
201 ROUTE 17 NORTH  
10TH FLOOR  
RUTHERFORD, NJ 07070

Docket Number

03-13084-RDD

Type of Bankruptcy Case

CHAPTER 11

Date of Petition

05/14/2003

This claim is not subject to any setoff or counterclaim

## Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
75-2729799	WT-FICA	12/31/1999	02/21/2000	\$72,136 11	\$17,627 23
<b>Total Amount of Unsecured Priority Claims</b>				<b>\$89,763 34</b>	

## Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon)

\$15,269 76

**Total Amount of Unsecured General Claims**

**\$15,269.76**