


UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM
In re Allegiance Telecom, Inc , et al	Case Number 03-13057



CRDID 24792

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 of Creditor and Address

 03805890024792

GWINNETT COUNTY TAX COMMERCIAL
PO BOX 372
LAWRENCEVILLE GA 30046

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 this address differs from the address on the envelope sent to you by the court.

FILED
U S B C SOUTHERN DISTRICT OF NEW YORK
ALLEGIANTELECOM, INC
03-13057 (RRD)
1128

If you have already properly filed a proof of claim with the Bankruptcy Court, you do not need to file again.

Creditor Telephone Number (770)-822-8808

CREDITOR TAX ID # _____ ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR U036A, 036B, 036C, 036D, 036E

Check here replaces or amends a previously filed claim dated _____ if this claim _____

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Taxes Wages, salaries, and compensation (Fill out below)

Money loaned Other (describe briefly below) _____

Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 01-01-03 **3 IF COURT JUDGMENT, DATE OBTAINED** _____

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ 8,709.90 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 8,709.90 (total)

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 \$ _____

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.

Specify the priority of the claim

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)

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)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)

Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of 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 acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5:00 p.m. November 26, 2003, Prevailing Eastern Time.

BY MAIL TO: United States Bankruptcy Court, Southern District of New York, Allegiance Claims Docketing Center, Bowling Green Station, P.O. Box 95, New York, NY 10274-0095

BY HAND OR OVERNIGHT DELIVERY TO: United States Bankruptcy Court, Southern District of New York, Allegiance Claims Docketing Center, One Bowling Green, Room 534, New York, NY 10004-1408

THIS SPACE FOR COURT USE ONLY

R

OCT 21 2003

**CLAIMS PROCESSING CENTER
USBC, SDNY**

DATE SIGNED 01/24/03

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): Katherine Sherrington, Tax Commissioner, by Bill McCurdy, Claims Processor

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571



See Other Side For Instructions



Katherine Sherrington
Gwinnett County Tax Commissioner
75 Langley Drive
Lawrenceville, Georgia 30045
(770) 822-8800

STATEMENT OF ESTIMATED 2003 TAXES

October 23, 2003

Digest Roll 2003
Owner Name Allegiance Telecom, Inc etal
Situs Address Gwinnett County
Parcel ID # U036A, U036B, U036C, U036D, U36E
Case Number 03-13057

Estimated Tax Amount Year 2003	Penalty/FiFa	Interest	Total Estimated Tax Due for Year 2003
\$ 8709 90	\$ 00 00	\$ 00 00	\$8709 90

NOTE Pursuant to 11 U S C 502 (c)(1), the tax amount due for 2003 is estimated only and will vary Liability for taxes establishes in the owner's name as of January 1 The taxes are not yet due and payable pending the receipt of public utility valuations for 2003



Department of Property Tax

75 Langley Drive
Lawrenceville, GA 30045
770 822 8800
Fax 770 822 7292

October 23, 2003

United States Bankruptcy Court
Southern District of New York
Allegiance Claims Docketing Center
Bowling Green Station, P O Box 95
New York, NY 10274-0095

CASE NO 03-1357

DEBTOR(S) NAME Allegiance Telecom, Inc

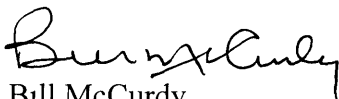
PARCEL NO U036A,036B,036C,036D,036E

Dear Claims Processor

Our ESTIMATED proof of claim and tax notice for the above debtor is enclosed for your review. Please acknowledge receipt by returning our file copy in the preaddressed envelope.

If you have any questions concerning our claim, please call me direct at 770-822-7349.

Sincerely,


Bill McCurdy
Claims Processor
Property Tax Department

Enclosures