

UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF New York

Chapter 11 PROOF OF CLAIM

Name of Debtor Shared Technologies Allegiance Inc AKA/Allegiance CPE Inc

Case Number 03-13108 RDD (Jointly Administered)

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

Name of Creditor (The person or other entity to whom the debtor owes money or property) Connecticut Department of Revenue Services

Check box if you are aware of anyone else has filed a proof of claim relating to your claim Attach a copy of statement giving particulars

U.S.B.C. SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) 1384 THIS SPACE IS FOR COURT USE ONLY

Name and address where notices should be sent Department of Revenue Services C&E Division, Bankruptcy Section 25 Sigourney Street Hartford, CT 06106-5032 Telephone number (860) 297-5905

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

Account or other number by which creditor identifies debtor Tax Reg # 1590116-000

Check here replaces if this claim amends a previously filed claim, dated

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

Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages salaries and compensation (Fill out below) Your SS # Unpaid compensation for services performed from to (date) (date)

2 Date debt was incurred 12/02, 12/03

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed \$505 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

REC'D NOV 19 2003

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 if any \$

6 Unsecured Priority Claim Check this box if you have an unsecured priority claim Amount entitled to priority \$505 00 Specify the priority of the claim Wages salaries or commissions (up to \$4000) * earned not more than 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) Unpaid deposits on 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 of 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

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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 the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim

RECEIVED NOV 19 2003 Allegiance Claim 01428

Date November 5, 2003

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) Pamela D Calachan, Tax Unit Assistant Manager

Form 10

Attachment

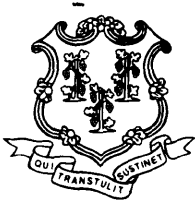
State of Connecticut - Department of Revenue Services

**Proof of Claim for
Department of Revenue Services Taxes**

In The Matter of

Shared Technologies Allegiance Inc
AKA/ Allegiance CPE IncCase Number
03 13108 RDDType of Bankruptcy Case
Jointly AdministeredChapter 11
Date of Petition
5/14/2003**Unsecured Priority Claims**

Tax Reg #	Tax Type	Tax Period	Tax Due	Penalty to Petition	Interest to Petition	Total
1590116000	Corporation Tax	12/02	\$250 00	\$0 00	\$5 00	\$255 00
		Estimated Period				
1590116000	Corporation Tax	12/03	\$250 00	\$0 00	\$0 00	\$250 00
		Estimated Period (01/01/03 05/16/03)				
Total Amount of Unsecured Priority Claims						\$505 00



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES



November 5, 2003

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

Re Shared Technologies Allegiance Inc , AKA/Allegiance CPE Inc
Tax Registration Number 1590116-000
Bankruptcy Case Number 03-13108 RDD (Jointly Administered)

Dear Clerk

Enclosed is a pre-petition proof-of-claim of the State of Connecticut, Department of Revenue Services (DRS) for Corporation taxes The total amount of the claim is \$505 00

We ask that you acknowledge receipt of this claim by returning a stamped copy of the proof-of claim to the Department of Revenue Services Enclosed is a self-addressed, stamped envelope

We appreciate your cooperation and prompt attention to this matter If you have any questions, please contact Revenue Agent **Bohdan Sowa** at **860-297-5905**

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela D. Calachan", with a long, sweeping flourish extending to the right.

Pamela D Calachan
Tax Unit Assistant Manager
Department of Revenue Services
Collection & Enforcement Division
Fax 860-297-5916

cc Department of Labor

C & E 206 (Rev 05/03)