

UNITED STATES BANKRUPTCY COURT DISTRICT SOUTHERN OF NY

PROOF OF CLAIM

Name of Debtor ALLEGIANCE TELECOM SERVICE CORPORATION	Case Number 03-13103 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	<input type="checkbox"/> Check box if you are aware that anyone else has filed proof of claim for this claim. Attach copy of proof of claim with particulars.
Name and address where notices should be sent Pennsylvania Department of Revenue Commonwealth of Pennsylvania Bankruptcy Division Department 280946 Harrisburg PA 17128-0496	<input type="checkbox"/> Check box if you have not received any notices from the bankruptcy court in this case
Telephone number (717) 783-8989	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court
Account or other number by which identifies debtor EIN 752736777 SSN	Check here if this claim <input type="checkbox"/> Replaces <input checked="" type="checkbox"/> Amends a previously filed claim dated 07/16/2003

THIS SPACE FOR COURT USE ONLY
REC'D FEB 05 2004

1 Basis for Claim

<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	<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 _____ to _____ (date) (date)
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2 Date debt was incurred "See Attached"	3 If court judgement, date obtained "See Attached"
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4 Total Amount of Claim at Time Case Filed

<u>\$317 21</u> (unsecured)	<u>\$2,575 00</u> (secured)	<u>\$767 27</u> (priority)	<u>\$3,659 48</u> (Total)
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If all or part of your claim is secured or entitled to priority also complete item 5 or 7 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 Personal Property
 Value of Collateral \$ Unknown
 Amount of arrearage and other charges at time case filed included in secured claim, if any \$2 575 00

7 Unsecured Priority Claim

 Check this box if you have an unsecured priority claim
 Amount entitled to priority \$767 27
 Specify the priority of the claim
 Wages salaries or commissions (up to \$4000) * earned within 90 days before filing of the bankruptcy petition of 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 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.*

6 Unsecured Nonpriority Claim \$ 317 21

 Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

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 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

THIS SPACE FOR COURT USE ONLY

RECEIVED

FEB - 3 2004

CLAIMS PROCESSING CENTER
USRC SDNY

Allegiance Claim
02762

Date 1/26/04 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)
Andra J. ... acty supervisor

Penalty for presenting a fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both



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 01/23/2004

**ALLEGIANCE TELECOM SERVICE CORPORATION
ALLEGIANCE TELECOM SERVICE
CORPORATION**

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

Petition Filing Date 05/14/2003
Case Number 0313103 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 **\$3,659.48** 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 \$2,575.00

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)(3) of the Bankruptcy code for unsecured priority liabilities existing before petition date

See attached statement of account detailing the liability

Total unsecured priority \$767.27

UNSECURED NON-PRIORITY CLAIMS - unsecured non-priority liabilities existing before the petition filing date

See attached statement of account detailing the liability

Total unsecured non-priority claim \$317.21

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**

Pet Date 5/14/2003
Cause Number 0313103 NY
Chapter 11

Michelle Peterson

ALLEGIANCE TELECOM SERVICE CORPORATION
9201 NORTH CENTRAL EXPRESSWAY
DALLAS TX 75231

Primary Tax Numbers

Emp Identification Number 752736777
Sales Tax License Number
Social Security Number
Corp Tax Number 2422048
Other Number

Additional Debtors and/or Names SSN EIN

Note

TYPE OF CLAIM		SECURED	Tax Number:		2422048		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input type="checkbox"/>	12 00 (02)	\$2 101 00	\$299 00	\$0 00	\$175 00	\$2,575 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$2 101 00	\$299 00	\$0 00	\$175 00	\$2,575 00

TYPE OF CLAIM		UNSECURED NON-PRIORITY	Tax Number:		2422048		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input type="checkbox"/>	12 01 (02)	\$0 00	\$0 00	\$0 00	\$43 00	\$43 00
CT	<input checked="" type="checkbox"/>	12 02 (02)	\$0 00	\$0 00	\$0 00	\$20 00	\$20 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$0 00	\$0 00	\$0 00	\$63 00	\$63 00

TYPE OF CLAIM		UNSECURED NON-PRIORITY	Tax Number:		752736777		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
EMP	<input type="checkbox"/>	01Q 02	\$0 00	\$0 00	\$0 00	\$36 49	\$36 49
EMP	<input type="checkbox"/>	02Q 02	\$0 00	\$0 00	\$0 00	\$67 51	\$67 51
EMP	<input type="checkbox"/>	03Q 02	\$0 00	\$0 00	\$0 00	\$150 21	\$150 21
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$0 00	\$0 00	\$0 00	\$254 21	\$254 21

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number:		2422048		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input type="checkbox"/>	12 01 (02)	\$428 00	\$41 00	\$0 00	\$0 00	\$469 00
CT	<input checked="" type="checkbox"/>	12 02 (02)	\$200 00	\$1 00	\$0 00	\$0 00	\$201 00
CT	<input checked="" type="checkbox"/>	01/01/03 - 05/14/ 03 (02)	\$74 00	\$0 00	\$0 00	\$0 00	\$74 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$702 00	\$42 00	\$0 00	\$0 00	\$744 00

LEGEND

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

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



**BANKRUPTCY
 STATEMENT OF ACCOUNT**

Pet Date 5/14/2003
 Cause Number 0313103 NY
 Chapter 11

Michelle Peterson

ALLEGIANCE TELECOM SERVICE CORPORATION
 9201 NORTH CENTRAL EXPRESSWAY
 DALLAS TX 75231

Primary Tax Numbers

Emp Identification Number 752736777
 Sales Tax License Number
 Social Security Number
 Corp Tax Number 2422048
 Other Number

Additional Debtors and/or Names SSN EIN

Note

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TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
EMP	<input type="checkbox"/>	01Q 02	\$2 00	\$3 65	\$0 00	\$0 00	\$5 65
EMP	<input type="checkbox"/>	02Q 02	\$0 00	\$5 85	\$0 00	\$0 00	\$5 85
EMP	<input type="checkbox"/>	03Q 02	\$0 00	\$11 77	\$0 00	\$0 00	\$11 77
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$2 00	\$21 27	\$0 00	\$0 00	\$23 27

LEGEND

ST = Sales Use and Hotel Occupancy Tax
 CT = Corporation Tax
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 AN = Individual Income Tax
 MT = Mass Transit
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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



January 23, 2004

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

Dear JONATHAN S HENES

Re ALLEGIANCE TELECOM SERVICE CORPORATION
Case Number 03-13103

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

\$3,659 48

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



January 23 2004

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

Case No 03-13103 NY
ALLEGIANCE TELECOM SERVICE
CORPORATION

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

\$ 3,659 48

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