

UNITED STATES BANKRUPTCY COURT DISTRICT SOUTHERN OF NY

PROOF OF CLAIM

Name of Debtor
AL GX BUSINESS INTERNET, INC

Case Number
03-13061 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

Name and address where notices should be sent
Pennsylvania Department of Revenue
Commonwealth of Pennsylvania
Bankruptcy Division
Department 280946
Harrisburg PA 17128 0496

Telephone number (717) 783 8989

Account or other number by which identifies debtor
EIN 752965464
SSN

Check box if you are aware that anyone else has filed a proof of claim in this case: YES NO

Check box if you have never received any notices from the bankruptcy court in this case: YES NO

Check box if the address differs from the address on the envelope sent to you by the court: YES NO

Attach copy of particulars: **03-13057 (RRD) 2779**

THIS SPACE FOR COURT USE ONLY

REC'D MAY 18 2004

1 Basis for Claim

Goods Sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 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 _____ (date) to _____ (date)

2 Date debt was incurred "See Attached"

3 If court judgement, date obtained "See Attached"

4 Total Amount of Claim at Time Case Filed

\$548 00 (unsecured)	\$0 00 (secured)	\$15 191 00 (priority)	\$15 739 00 (Total)
-------------------------	---------------------	---------------------------	------------------------

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 _____

Value of Collateral \$ Unknown

Amount of arrearage and other charges at time case filed included in secured claim if any \$0 00

6 Unsecured Nonpriority Claim \$ 548 00

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 c) none or only part of your claim is entitled to priority

7 Unsecured Priority Claim

Check this box if you have an unsecured priority claim

Amount entitled to priority \$15 191 00

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*


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.

Date: 4/19/2004 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): Mary J Bart, SUPERVISOR

THIS SP



02832

RECEIVED

MAY - 6 2004

CLAIMS PROCESSING CENTER
USBC SDNY



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 04/19/2004

AL GX BUSINESS INTERNET, INC
AL GX BUSINESS INTERNET, INC

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
Petition Filing Date 05/14/2003
Case Number 0313061 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 \$15,739 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
- 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 _____

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)(8) of the Bankruptcy code for unliened priority
Liabilities existing before petition date.**

See attached statement of account detailing the liability

Total unsecured priority \$15,191 00

**UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the
petition filing date.**

See attached statement of account detailing the liability

Total unsecured non priority claim \$548 00

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 0313061 NY
Chapter 11

Michelle Peterson

AL GX BUSINESS INTERNET, INC
7601 ORA GLEN DRIVE
GREENBELT MD 20770

Primary Tax Numbers

Emp Identification Number 752965464
Sales Tax License Number 82180565
Social Security Number
Corp Tax Number 2490755
Other Number

Additional Debtors and/or Names SSN EIN

Note

TYPE OF CLAIM		UNSECURED NON-PRIORITY	Tax Number:		2490755		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	12 02 (02)	\$0 00	\$0 00	\$0 00	\$257 00	\$257 00
CT	<input checked="" type="checkbox"/>	12 02 (04)	\$0 00	\$0 00	\$0 00	\$291 00	\$291 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$0 00	\$0 00	\$0 00	\$548 00	\$548 00

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number:		2490755		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	12 02 (02)	\$4 137 00	\$16 00	\$0 00	\$0 00	\$4 153 00
CT	<input checked="" type="checkbox"/>	12 02 (04)	\$4 821 00	\$19 00	\$0 00	\$0 00	\$4 840 00
CT	<input checked="" type="checkbox"/>	01/01/03 05/14/ 03 (02)	\$1 286 00	\$0 00	\$0 00	\$0 00	\$1 286 00
CT	<input checked="" type="checkbox"/>	12 03 (04)	\$4 821 00	\$0 00	\$0 00	\$0 00	\$4 821 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$15 065 00	\$35 00	\$0 00	\$0 00	\$15 100 00

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number:		82180565		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	<input checked="" type="checkbox"/>	05/01/03 - 05/14/ 03	\$91 00	\$0 00	\$0 00	\$0 00	\$91 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
TOTAL			\$91 00	\$0 00	\$0 00	\$0 00	\$91 00

LEGEND

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

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



April 19, 2004

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

Dear JONATHAN S HENES

Re AL GX BUSINESS INTERNET, INC
Case Number 03-13061

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

\$15,739 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



April 19 2004

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

Case No 03-13061 NY
AL GX BUSINESS INTERNET, INC

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

\$ 15,739 00

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