

UNITED STATES BANKRUPTCY COURT DISTRICT SOUTHERN OF NY

PROOF OF CLAIM

Name of Debtor **SHARED TECHNOLOGIES ALLEGIANCE, INC** Case Number **03-13108 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 who 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

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

THIS SPACE FOR COURT USE ONLY

Account or other number by which identifies debtor

EIN 331009098

SSN

Check here if this claim

Replaces

Amends a previously filed claim dated 07/17/2003

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 _____ to _____
(date) (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

\$0 00	\$0 00	\$520 00	\$520 00
(unsecured)	(secured)	(priority)	(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 \$ 0 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 entitles to priority \$520 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 _____ 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)

THIS SPACE FOR COURT USE ONLY

FILED

JUL 06 2004

BMC



Michelle B Jenkins, Chief



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 07/01/2004

SHARED TECHNOLOGIES ALLEGIANCE, INC
ALLEGIANCE CPE, INC
SHARED TECHNOLOGIES FAIRCHILD TELECOM
SHARED TECHNOLOGIES FAIRCHILD

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

Petition Filing Date 05/14/2003
Case Number 0313108 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 \$520 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 \$520 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 _____

All payments of this claim have been credited and deducted for the purpose of making this proof of claim

(Representative Bureau of Compliance)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



July 1 2004

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

Case No 03-13108 NY
SHARED TECHNOLOGIES ALLEGIANCE
INC
ALLEGIANCE CPE, INC
SHARED TECHNOLOGIES FAIRCHILD
TELECOM
SHARED TECHNOLOGIES FAIRCHILD

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

\$ 520 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
FILED
JUL 06 2004
BMC

CLAIM NUMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



July 1 2004

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Enclosures

┌ ACKNOWLEDGEMENT ┐

┌ CLAIM NUMBER ┐

└ ┘

└ ┘



**BANKRUPTCY
 STATEMENT OF ACCOUNT**

Pet Date 5/14/2003
 Cause Number 0313108 NY
 Chapter 11

Michelle Peterson

SHARED TECHNOLOGIES ALLEGIANCE, INC
 TWO UNIVERSITY PLAZA
 6TH FLOOR
 HACKENSACK NJ 07601

Primary Tax Numbers

Emp Identification Number 331009098
 Sales Tax License Number 82381486
 Social Security Number
 Corp Tax Number 2570445
 Other Number

Additional Debtors and/or Names	SSN	EIN
ALLEGIANCE CPE INC		331009095
SHARED TECHNOLOGIES FAIRCHILD		
SHARED TECHNOLOGIES FAIRCHILD		

Note

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number: 2570445				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
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			\$74 00	\$0 00	\$0 00	\$0 00	\$74 00

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number: 2570456				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	07/17/02 - 12/31/ 02 (02)	\$92 00	\$0 00	\$0 00	\$0 00	\$92 00
CT	<input checked="" type="checkbox"/>	12 02 (03)	\$40 00	\$0 00	\$0 00	\$0 00	\$40 00
CT	<input checked="" type="checkbox"/>	12 02 (04)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
CT	<input checked="" type="checkbox"/>	01/01/03 05/14/ 03 (02)	\$74 00	\$0 00	\$0 00	\$0 00	\$74 00
CT	<input checked="" type="checkbox"/>	12 03 (03)	\$40 00	\$0 00	\$0 00	\$0 00	\$40 00
CT	<input checked="" type="checkbox"/>	12 03 (04)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
Lien Filing Date		County Lien Filed			Lien Docket Number		
TOTAL			\$446 00	\$0 00	\$0 00	\$0 00	\$446 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