Fill in this information to identify the case:					
Debtor 1 HIGHLAND CAPITAL MANAGEMENT L P					
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the: NORTHERN District of TEXAS					
Case number19-34054-SGJ11					

Official Form 410

Proof of Claim 04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: **Identify the Claim** Who is the current Department of Treasury - Internal Revenue Service creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been **X** No acquired from Yes. From whom? someone else? Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if different) and payments to the creditor be sent? Internal Revenue Service Internal Revenue Service Federal Rule of Name Bankruptcy Procedure P.O. Box 7346 1100 Commerce St, M/S MC5027DAL (FRBP) 2002(g) Number Street Number Street Philadelphia 19101-7346 Dallas TX 75242 ZIP Code City State City State 7IP Code 1-800-973-0424 214 413-5327 Contact phone Contact phone Contact email _faye.g.garrett@irs.gov Contact email Creditor Number: 18833095 Uniform claim identifier for electronic payments in chapter 13 (if you use one): No 4. Does this claim amend one already filed? Filed on 02/13/2020 Yes. Claim number on court claims registry (if known) _5___ MM / DD / YYYY X No 5. Do you know if anyone else has filed a proof Yes. Who made the earlier filing? of claim for this claim?

Proof of Claim

F	art 2: Give Information	on About the Claim as of the Date the Case Was Filed						
6.	Do you have any number you use to identify the debtor?	No X Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: See Attachment						
7.	How much is the claim?	\$						
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Taxes						
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.						
10	. Is this claim based on a lease?	Variable X No Yes. Amount necessary to cure any default as of the date of the petition. \$						
11	. Is this claim subject to a right of setoff?	No X Yes. Identify the property: See Attachment						

Official Form 410 Proof of Claim page 2

12. Is all or part of the claim	No						
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	one:				Amount entitled to priority	
A claim may be partly priority and partly		c support obligations (including C. § 507(a)(1)(A) or (a)(1)(B).	alimony and child sup	pport) under		\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		,025* of deposits toward purcha , family, or household use. 11 l		f property or	services for	\$	
, , ,	bankrupt	Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).					
	X Taxes or	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).				\$6,571.07	
	Contribu	tions to an employee benefit pla	\$				
	Other. S	pecify subsection of 11 U.S.C.		\$			
* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of						r the date of adjustment.	
Part 3: Sign Below							
The person completing	Check the approp	priate box:					
this proof of claim must sign and date it.	I am the creditor.						
FRBP 9011(b).	I am the creditor's attorney or authorized agent.						
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
electronically, FRBP 5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules							
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the						
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571. Executed on date 07/07/2021							
		MM / DD / YYYY					
	/s/ FAYE COP	PI F					
	Signature						
	Delet the common	.£41		.1.1			
	Print the name of	of the person who is completi	ing and signing this	ciaim:			
	Name	FAYE			COPPLE		
		First name	Middle name		Last name		
	Title	Bankruptcy Specialist					
	Company Internal Revenue Service						
Address Identify the corporate servicer as the company if the authorized agent is a servicer. Address 1100 Commerce St, M/S MC5027DAL Number Street							
		Dallas		TX	75242		
		City		State	ZIP Code		
	Contact phone	214 413-5327		Email	faye.g.garre	ett@irs.gov	
	Somasi priorie						

Proof of Claim for Internal Revenue Taxes

Form 410 Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: HIGHLAND CAPITAL MANAGEMENT L P

300 CRESCENT COURT SUITE 700 DALLAS, TX 75201 19-34054-SGJ11

Type of Bankruptcy Case
CHAPTER 11

Date of Petition 10/16/2019

Case Number

Amendment No. 3 to Proof of Claim dated 02/13/2020

Unsecured General Claims

The United States has the right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Taxpayer ID					
Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX6725	EXCISE	06/30/2015	01/04/2021	\$530.40	\$123.82
XX-XXX6725	EXCISE	09/30/2016	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	12/31/2016	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	03/31/2017	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	06/30/2017	04/16/2023	\$492.68	\$69.38
XX-XXX6725	EXCISE	09/30/2017	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	12/31/2017	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	03/31/2018	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	MISC PEN	03/31/2018	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	MISC PEN	06/30/2018	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	MISC PEN	09/30/2018	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	09/30/2018	1 1-ESTIMATED-SEE NOTE	\$599.89	\$32.58
XX-XXX6725	EXCISE	12/31/2018	1 1-ESTIMATED-SEE NOTE	\$599.89	\$24.15
XX-XXX6725	MISC PEN	12/31/2018	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	MISC PEN	03/31/2019	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	03/31/2019	1 1-ESTIMATED-SEE NOTE	\$599.89	\$15.08
XX-XXX6725	MISC PEN	06/30/2019	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	09/30/2019	1 1-ESTIMATED-SEE NOTE	\$1,788.50	\$0.00
XX-XXX6725	MISC PEN	09/30/2019	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	12/31/2019	1 1-ESTIMATED-SEE NOTE	\$294.81	\$0.00
XX-XXX6725	MISC PEN	12/31/2019	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
				\$6,306.06	\$265.01
		Total Amount of Unsecured Priority Claims:			\$6,571.07

Continued from Page 1

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX6725	EXCISE	12/31/2013	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	03/31/2014	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	06/30/2014	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	09/30/2014	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	12/31/2014	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	03/31/2015	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	09/30/2015	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	12/31/2015	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	EXCISE	03/31/2016	04/26/2021	\$0.00	\$0.00
XX-XXX6725	EXCISE	06/30/2016	1 1-ESTIMATED-SEE NOTE	\$100.00	\$0.00
XX-XXX6725	MISC PEN	12/31/2017	11/12/2018	\$0.00	\$4,742.54
				\$900.00	\$4,742.54

Penalty to date of petition on unsecured priority claims (including interest thereon) \$424.00 Penalty to date of petition on unsecured general claims (including interest thereon) \$79,438.78

Total Amount of Unsecured General Claims:

\$85,505.32

¹ LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.