Claim #252 Date Filed: 10/6/2021

Fill in this information to identify the case:							
Debtor 1	Debtor 1 HIGHLAND CAPITAL MANAGEMENT L P						
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: NORTHERN District of TEXAS							
Case number	19-34054-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.

P	art 1: Identify the C	laim							
1.	Who is the current creditor?	Department of Treasury - Internal Revenue Service Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor							
2.	Has this claim been acquired from someone else?	X No Yes. From whom?							
	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)				
	creditor be sent?	Internal Revenue Service			Internal Revenue Service				
	Federal Rule of Bankruptcy Procedure	Name			Name				
	(FRBP) 2002(g)	P.O. Box 7346			1100 Commerce St, M/S MC5027DAL				
		Number Street		Number Street					
		Philadelphia	PA	19101-7346	Dallas	TX	75242		
		City State		ZIP Code	City State		ZIP Code		
		Contact phone1-800-973-0424			Contact phone214 413-5327				
		Contact email			Contact email _				
		Creditor Number: 18833095							
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):							
4.	Does this claim amend one already filed?	No X Yes. Claim number on o	court claims re	egistry (if known) <u></u>	5	Filed on 02/13			
5.	Do you know if anyone else has filed a proof of claim for this claim?	X No Yes. Who made the ear	lier filing?						

Part 2: Give Information About the Claim as of the Date the Case Was Filed No Do you have any number you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: See Attachment debtor? 7. How much is the claim? Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). 8. What is the basis of the Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. claim? 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 X No Is all or part of the claim secured? Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle *All of debtor(s) right, title and interest to property - 26 U.S.C. §6321. Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: Amount of the claim that is secured: (The sum of the secured and unsecured Amount of the claim that is unsecured: \$_ amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed)_____ Fixed Variable 10. Is this claim based on a **★** No lease? Yes. Amount necessary to cure any default as of the date of the petition. \$___ 11. Is this claim subject to a right of setoff? Yes. Identify the property: See Attachment

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	Domest 11 U.S.	\$						
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$3	\$						
	└─_bankrup	salaries, or commissions (up total petition is filed or the debte C. § 507(a)(4).				\$		
	X Taxes o	r penalties owed to governme	ntal units. 11 U.S.C. §	507(a)(8).		\$1,951.69		
	Contribu	utions to an employee benefit p	olan. 11 U.S.C. § 507(a	a)(5).		\$		
	Other. S	Specify subsection of 11 U.S.C	5. § 507(a)() that app	lies.		\$		
	* Amounts a	are subject to adjustment on 4/01/2	2 and every 3 years after	that for cases	begun on or afte	er the date of adjustment.		
Part 3: Sign Below								
The person completing	Check the appro	priate box:						
this proof of claim must sign and date it.	X I am the cre	editor.						
FRBP 9011(b).	I am the creditor's attorney or authorized agent.							
If you file this claim	I am the tru	stee, or the debtor, or their aut	thorized agent. Bankru	ptcy Rule 30	004.			
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 tha	that when calculating the						
	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.							
A person who files a fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true							
fined up to \$500,000,	and correct.							
imprisoned for up to 5 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 dat	e 10/06/2021						
		MM / DD / YYYY						
	/-/ FAVE 00F							
	/s/ FAYE COF	'PLE 			_			
	Signature							
	Print the name	of the person who is comple	eting and signing this	claim:				
	Name	FAYE			COPPLE			
	ramo	First name	Middle name		Last name			
	Title	Bankruptcy Specialist						
	Company	Internal Revenue Service						
		Identify the corporate servicer a	s the company if the author	orized agent is	s a servicer.			
	Address	1100 Commerce St, M/S N	1C5027DAL					
	, 1441 000	Number Street						
		Dallas		TX	75242			
		City		State	ZIP Code			
	Contact phone	214 413-5327		Email	faye.g.garı	rett@irs.gov		

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

100 CRESCENT COURT SUITE 1850

DALLAS, TX 75201

Amendment No. 5 to Proof of Claim dated 02/13/2020

Case Number 19-34054-SGJ11

Type of Bankruptcy Case

CHAPTER 11

Date of Petition 10/16/2019

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.

Unsecured P	Priority Claims	under section 507(a)(8) of the Bankruptcy Code			
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
X-XXX6725	EXCISE	06/30/2016	10/11/2021	\$564.20	\$171.21
X-XXX6725	EXCISE	06/30/2017	02/08/2021	\$492.68	\$69.38
				\$1,587.28	\$364.41

Total Amount of Unsecured Priority Claims:

\$1,951.69

Unsecured General Claims						
Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date	
XX-XXX6725	MISC PEN	12/31/2017	11/12/2018	\$0.00	\$4,742.54	
				\$0.00	\$4,742.54	

Penalty to date of petition on unsecured priority claims (including interest thereon) \$660.97 Penalty to date of petition on unsecured general claims (including interest thereon) \$79,438.78

Total Amount of Unsecured General Claims:

\$84,842.29