

[Broker-Dealer Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Date]

Securities Investor Protection Corporation  
1667 K Street N.W., Suite 1000  
Washington, D.C. 20006-1620

**RE: SIPC Assessment Filing for Period Ending [Date]**

To Whom It May Concern,

Enclosed please find the [Form SIPC-6 or Form SIPC-7] for [Broker-Dealer Name] (SIPC Member Number: [Number]) for the period beginning [Start Date] and ending [End Date].

The assessment has been calculated based on the General Assessment Payment Form instructions as follows:

- Total Revenue: \$[Amount]
- Total Deductions: \$[Amount]
- SIPC Net Operating Revenues: \$[Amount]
- General Assessment at [Rate] %: \$[Amount]

Accompanying this letter is a payment in the amount of \$[Amount], representing the [Interim/Final] assessment balance due for the aforementioned period.

Should you require any additional information or clarification regarding this filing, please contact [Name of Contact Person] at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Name of Authorized Signatory]  
[Title/Position]  
[Broker-Dealer Name]