

Fill in this information to identify the case:

Debtor 1 Flexi Compras Autos, LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court Northern District of Texas
Case number: 25-33490

FILED
U.S. Bankruptcy Court
Northern District of Texas
11/15/2025
Stephen J. Manz, Clerk

Official Form 410
Proof of Claim

04/25

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

1. Who is the current creditor?	<u>AMADO JOSE GARCIA SANCHEZ</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>AMADO JOSE GARCIA SANCHEZ</u> Name <u>21525 SPRING PLAZA DR APT 6316</u> <u>SPRING, TX 77388-1429</u> Contact phone <u>3175600759</u> Contact email <u>AMADOGARCIAFLORIDA@GMAIL.COM</u> Uniform claim identifier (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____						
7. How much is the claim?	\$ <u>9500.00</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>						
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 healthcare information. Wages, salaries, or commissions (up to \$17,150) earned within 180 days before the bankruptcy _____						
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	Value of property:	\$ _____	Amount of the claim that is secured:	\$ _____	Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Value of property:	\$ _____						
Amount of the claim that is secured:	\$ _____						
Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)						
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____						
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____						

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$17,150*) 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).	\$ 9500.00
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies	\$ _____
* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim 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.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/15/2025
MM / DD / YYYY

/s/ AMADO JOSE GARCIA SANCHEZ

Signature

Print the name of the person who is completing and signing this claim:

Name	AMADO JOSE GARCIA SANCHEZ
	First name Middle name Last name
Title	_____
Company	_____
Address	Identify the corporate servicer as the company if the authorized agent is a servicer 21525 SPRING PLAZA DR APT 6316 Number Street SPRING, TX 77388-1429 City State ZIP Code
Contact phone	3175600759 Email AMADOGARCIAFLORIDA@GMAIL.COM

Earnings Statement

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 04/01/2025
Period Ending: 04/15/2025
Pay Date: 04/30/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
25120 PANTHER BEND COURT
367
THE WOODLANDS TX 77380

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		222.18	222.18
Draw			1,347.27	5,658.54
Mgr Commision			23.72	23.72
Bonus				595.00
Commission				31,701.73
Holiday				352.00
Gross Pay			\$1,593.17	38,553.17

Other Benefits and Information	this period	total to date
Safe H	31.86	673.92
Sick Hours Bal	25.90	
Vac Hours Bal	21.56	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

YOUR SALARY RATE HAS BEEN CHANGED FROM 0.00 TO 2,444.00.

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

Deductions	Statutory	Other	
Social Security Tax	-98.78		2,390.30
Medicare Tax	-23.10		559.02
Federal Income Tax			3,675.55
Uniform	-34.00		68.00
401K Mep	-31.86*		673.92
Cell Phone			-225.00
Net Pay	\$1,405.43		
Checking	-1,405.43		31,411.38
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,561.31

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ADP TotalSource
A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000180009
Pay date: 04/30/2025

Deposited to the account of	account number	transit	ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx	xxxx	\$1,405.43

NON-NEGOTIABLE

Earnings Statement



FLEXI COMPRAS AUTOS, LLC
 1111 WEST MOCKING BIRD LN, STE #1500
 DALLAS TX 75247

Period Beginning: 08/16/2025
 Period Ending: 08/31/2025
 Pay Date: 09/09/2025

Filing Status: Married filing jointly
 Exemptions/Allowances:
 Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
 23223 GOSLING ROAD
 APT 6111
 SPRING TX 77389

Earnings	rate	salary/hours	this period	year to date
Reg			803.51	803.51
Regular				19,774.18
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Mgr Commision				9,436.74
Gross Pay			\$803.51	68,271.93

Other Benefits and Information	this period	total to date
Safe H	32.14	1,575.40

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
 10200 Sunset Drive, Miami, FL 33173
 1-844-448-0325

BASIS OF PAY: SALARY

Deductions	Statutory		
	Social Security Tax	-49.82	4,232.86
	Medicare Tax	-11.65	989.94
	Federal Income Tax		4,446.72
	Other		
	401K Mep	-32.14*	1,575.40
	Cell Phone		-225.00
	Uniform		170.00
	Net Pay	\$709.90	
	Checking	-709.90	57,082.01
	Net Check	\$0.00	

Additional Tax Withholding Information

Exemptions/Allowances:
 TX: No State Income Tax

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$771.37

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ADP TotalSource
 A Professional Employer Organization
 5800 Windward Parkway
 Alpharetta, GA 30005

Advice number: 00000370011
 Pay date: 09/09/2025

Deposited to the account of	account number	transit	ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx	xxxx	\$709.90

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 08/16/2025
Period Ending: 08/31/2025
Pay Date: 09/09/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
23223 GOSLING ROAD
APT 6111
SPRING TX 77389

Earnings	rate	salary/hours	this period	year to date
Reg			803.51	803.51
Regular				19,774.18
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Mgr Commision				9,436.74
Gross Pay			\$803.51	68,271.93

Other Benefits and Information	this period	total to date
Safe H	32.14	1,575.40

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Deductions	Statutory		
	Social Security Tax	-49.82	4,232.86
	Medicare Tax	-11.65	989.94
	Federal Income Tax		4,446.72
	Other		
	401K Mep	-32.14*	1,575.40
	Cell Phone		-225.00
	Uniform		170.00
	Net Pay	\$709.90	
	Checking	-709.90	57,082.01
	Net Check	\$0.00	

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

* Excluded from federal taxable wages
Your federal taxable wages this period are \$771.37

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ADP TotalSource
A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000370011
Pay date: 09/09/2025

Deposited to the account of	account number	transit	ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx	xxxx	\$709.90

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



FLEXI COMPRAS AUTOS, LLC
 1111 WEST MOCKING BIRD LN, STE #1500
 DALLAS TX 75247

Period Beginning: 08/16/2025
 Period Ending: 08/31/2025
 Pay Date: 09/09/2025

Filing Status: Married filing jointly
 Exemptions/Allowances:
 Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
 23223 GOSLING ROAD
 APT 6111
 SPRING TX 77389

Earnings	rate	salary/hours	this period	year to date
Reg			803.51	803.51
Regular				19,774.18
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Mgr Commision				9,436.74
Gross Pay			\$803.51	68,271.93

Other Benefits and Information	this period	total to date
Safe H	32.14	1,575.40

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
 10200 Sunset Drive, Miami, FL 33173
 1-844-448-0325

BASIS OF PAY: SALARY

Deductions	Statutory		
	Social Security Tax	-49.82	4,232.86
	Medicare Tax	-11.65	989.94
	Federal Income Tax		4,446.72
	Other		
	401K Mep	-32.14*	1,575.40
	Cell Phone		-225.00
	Uniform		170.00
	Net Pay	\$709.90	
	Checking	-709.90	57,082.01
	Net Check	\$0.00	

Additional Tax Withholding Information

Exemptions/Allowances:
 TX: No State Income Tax

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$771.37

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ADP TotalSource
 A Professional Employer Organization
 5800 Windward Parkway
 Alpharetta, GA 30005

Advice number: 00000370011
 Pay date: 09/09/2025

Deposited to the account of	account number	transit	ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx	xxxx	\$709.90

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



FLEXI COMPRAS AUTOS, LLC
 1111 WEST MOCKING BIRD LN, STE #1500
 DALLAS TX 75247

Period Beginning: 01/01/2025
 Period Ending: 01/15/2025
 Pay Date: 01/31/2025

Filing Status: Married filing jointly
 Exemptions/Allowances:
 Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
 25120 PANTHER BEND COURT
 # 367
 THE WOODLANDS TX 77380

Earnings	rate	other/hours	this period	year to date
Draw			1,482.00	1,482.00
Holiday	11.0000	8.00	88.00	352.00
Commission				4,593.00
Gross Pay			\$1,570.00	6,427.00

Other Benefits and Information	this period	total to date
Safe H	31.40	31.40
Sick Hours Bal	14.80	
Vac Hours Bal	12.32	

Deductions	Statutory		year to date
	Social Security Tax	-97.34	398.47
	Medicare Tax	-22.76	93.19
	Federal Income Tax		246.32
	Other		
	401K Mep	-31.40*	31.40
	Net Pay	\$1,418.50	
	Checking	-1,418.50	5,657.62
	Net Check	\$0.00	

Important Notes
 ADP TotalSource, Inc., A Professional Employer Organization
 10200 Sunset Drive, Miami, FL 33173
 1-844-448-0325

BASIS OF PAY: COMMISSION

Additional Tax Withholding Information
 Exemptions/Allowances:
 TX: No State Income Tax

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,538.60

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ADP TotalSource
 A Professional Employer Organization
 5800 Windward Parkway
 Alpharetta, GA 30005

Advice number: 00000050009
 Pay date: 01/31/2025

Deposited to the account of	account number	transit ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx xxxx	\$1,418.50

THIS IS NOT A CHECK

NON-NEGOTIABLE



Employee Reference Copy	
Wage and Tax Statement	
2024	
OMB No. 1545-0008	
Copy C for employee's records.	
d Control number	Dept.
111746 NCTS/7F2	Y05010
Corp.	Employer use only
A	23
c Employer's name, address, and ZIP code	
ADP TOTALSOURCE FL XVIII INC FLEXI COMPRAS AUTOS, LLC 10200 SUNSET DR MIAMI FL 33173	
Batch #02138	
e/f Employee's name, address, and ZIP code	
AMADO GARCIA SANCHEZ 25120 PANTHER BEND COURT # 367 THE WOODLANDS TX 77380	
b Employer's FED ID number	a Employee's SSA number
65-0399700	XXX-XX-1609
1 Wages, tips, other comp.	2 Federal income tax withheld
10030.96	128.04
3 Social security wages	4 Social security tax withheld
10030.96	621.92
5 Medicare wages and tips	6 Medicare tax withheld
10030.96	145.45
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State TX	Employer's state ID no.
	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	TX. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	10,030.96	10,030.96	10,030.96	
Reported W-2 Wages	10,030.96	10,030.96	10,030.96	

2. Employee Name and Address.

AMADO GARCIA SANCHEZ
25120 PANTHER BEND COURT
367
THE WOODLANDS TX 77380

© 2024 ADP, Inc.

1 Wages, tips, other comp.		2 Federal income tax withheld	
10030.96		128.04	
3 Social security wages		4 Social security tax withheld	
10030.96		621.92	
5 Medicare wages and tips		6 Medicare tax withheld	
10030.96		145.45	
d Control number	Dept.	Corp.	Employer use only
111746 NCTS/7F2	Y05010		A 23
c Employer's name, address, and ZIP code			
ADP TOTALSOURCE FL XVIII INC FLEXI COMPRAS AUTOS, LLC 10200 SUNSET DR MIAMI FL 33173			
b Employer's FED ID number		a Employee's SSA number	
65-0399700		XXX-XX-1609	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other		12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
AMADO GARCIA SANCHEZ 25120 PANTHER BEND COURT # 367 THE WOODLANDS TX 77380			
15 State TX	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy			
Wage and Tax Statement			
2024			
OMB No. 1545-0008			
Copy B to be filed with employee's Federal Income Tax Return.			

1 Wages, tips, other comp.		2 Federal income tax withheld	
10030.96		128.04	
3 Social security wages		4 Social security tax withheld	
10030.96		621.92	
5 Medicare wages and tips		6 Medicare tax withheld	
10030.96		145.45	
d Control number	Dept.	Corp.	Employer use only
111746 NCTS/7F2	Y05010		A 23
c Employer's name, address, and ZIP code			
ADP TOTALSOURCE FL XVIII INC FLEXI COMPRAS AUTOS, LLC 10200 SUNSET DR MIAMI FL 33173			
b Employer's FED ID number		a Employee's SSA number	
65-0399700		XXX-XX-1609	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
AMADO GARCIA SANCHEZ 25120 PANTHER BEND COURT # 367 THE WOODLANDS TX 77380			
15 State TX	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
TX.State Reference Copy			
Wage and Tax Statement			
2024			
OMB No. 1545-0008			
Copy 2 to be filed with employee's State Income Tax Return.			

1 Wages, tips, other comp.		2 Federal income tax withheld	
10030.96		128.04	
3 Social security wages		4 Social security tax withheld	
10030.96		621.92	
5 Medicare wages and tips		6 Medicare tax withheld	
10030.96		145.45	
d Control number	Dept.	Corp.	Employer use only
111746 NCTS/7F2	Y05010		A 23
c Employer's name, address, and ZIP code			
ADP TOTALSOURCE FL XVIII INC FLEXI COMPRAS AUTOS, LLC 10200 SUNSET DR MIAMI FL 33173			
b Employer's FED ID number		a Employee's SSA number	
65-0399700		XXX-XX-1609	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other		12b	
		12c	
		12d	
		13 Stat emp. Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
AMADO GARCIA SANCHEZ 25120 PANTHER BEND COURT # 367 THE WOODLANDS TX 77380			
15 State TX	Employer's state ID no.	16 State wages, tips, etc.	
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
TX.State Filing Copy			
Wage and Tax Statement			
2024			
OMB No. 1545-0008			
Copy 2 to be filed with employee's State Income Tax Return.			

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,000 (\$16,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under

code G are limited to \$23,000. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2024, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k) (11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

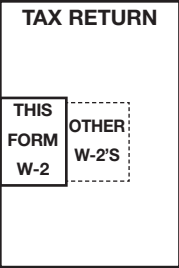
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/FormW2.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2024 and more than \$10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,129.90 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

000018529 J0640808
FLEXI COMPRAS AUTOS LLC
6021 CONNECTION DR. 4THFLOOR
IRVING, TX 75039

AMADO GARCIA SANCHEZ
25120 PANTHER BEND COURT
367
THE WOODLANDS, TX 77380

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

600120

Form 1095-C
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID
☐ CORRECTED

OMB No. 1545-2251
2024

Part I Employee					Applicable Large Employer Member (Employer)								
1 Name of employee (first name, middle initial, last name) AMADO GARCIA SANCHEZ			2 Social security number (SSN) XXX-XX-1609		7 Name of employer FLEXI COMPRAS AUTOS LLC				8 Employer identification number (EIN) 26-3067637				
3 Street address (including apartment no.) 25120 PANTHER BEND COURT					9 Street address (including room or suite no.) 6021 CONNECTION DR. 4THFLOOR				10 Contact telephone number 214-269-3143				
4 City or town THE WOODLANDS		5 State or province TX		6 Country and ZIP or foreign postal code USA 77380		11 City or town IRVING		12 State or province TX		13 Country and ZIP or foreign postal code USA 75039			
Part II Employee Offer of Coverage					Employee's Age on January 1				Plan Start Month (enter 2-digit number): 06				
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)													
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													
Part III Covered Individuals													
If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. <input type="checkbox"/>													
(a) Name of covered individual(s) First name, middle initial, last name													
(b) SSN or other TIN													
(c) DOB (if SSN or other TIN is not available)													
(d) Covered all 12 months													
(e) Months of coverage													
Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec													
18													
19													
20													
21													
22													
23													

Instructions for Recipient

of 2

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC).

You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered. In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit www.irs.gov/aca or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

Part I. Employee

Lines 1–6. Part I, lines 1 through 6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employer)

Lines 7–13. Part I, lines 7 through 13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lines 14–17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved for future use.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

1L. Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence ZIP code.

1M. Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence ZIP code.

1N. Individual coverage HRA offered to you, spouse, and dependent(s) with affordability determined by using employee's primary residence ZIP code.

1O. Individual coverage HRA offered to you only using the employee's primary employment site ZIP code affordability safe harbor.

1P. Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP code affordability safe harbor.

1Q. Individual coverage HRA offered to you, spouse, and dependent(s) using the employee's primary employment site ZIP code affordability safe harbor.

1R. Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

1S. Individual coverage HRA offered to an individual who was not a full-time employee.

1T. Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

1U. Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.

1V. Reserved for future use.

1W. Reserved for future use.

1X. Reserved for future use.

1Y. Reserved for future use.

1Z. Reserved for future use.

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable lowest cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the Instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C, which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit.

Line 17. This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, 1N, or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, 1Q, or 1U was used on line 14, this will be your primary employment site. For more information about individual coverage HRAs, visit IRS.gov.

Part III. Covered Individuals, Lines 18–30

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 13 covered individuals, additional copies of page 3 may be used.



TEXAS USA

DRIVER LICENSE

Colonel: *Fernando F. Martinez*

DRIVER LICENSE

4d. DL: **46812610**

9. Class: **C**

4b. Exp: **12/05/2029**

3. DOB: **12/05/1984**

4a. Iss: **06/18/2025**

1. **GARCIA SANCHEZ**

2. **AMADO JOSE**

8. **23223 GOSLING RD APT 6111
SPRING, TX 77389**

12. Rest: **NONE**

9a. End: **NONE**

16. Hgt: **6'-00"** 15. Sex: **M** 18. Eyes: **BRO**

5. DD: **03224500162108807637**

12/05/1984

FLEXI COMPRAS AUTOS, LLC
 1111 WEST MOCKING BIRD LN, STE #1500
 DALLAS TX 75247

Period Beginning: 04/16/2025
 Period Ending: 04/30/2025
 Pay Date: 05/15/2025

Filing Status: Married filing jointly
 Exemptions/Allowances:
 Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
 25120 PANTHER BEND COURT
 # 367
 THE WOODLANDS TX 77380

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		2,444.00	2,666.18
Bonus			17.50	612.50
Commission			-67.27	31,634.46
Mgr Commission			1,053.94	1,077.66
Draw				5,658.54
Holiday				352.00
Gross Pay			\$3,448.17	42,001.34

Other Benefits and Information	this period	total to date
Safe H	68.96	742.88
Sick Hours Bal	27.75	
Vac Hours Bal	23.10	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
 10200 Sunset Drive, Miami, FL 33173
 1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
 TX: No State Income Tax

Deductions	Statutory		
Federal Income Tax	-68.99	3,744.54	
Social Security Tax	-213.78	2,604.08	
Medicare Tax	-50.00	609.02	
Other			
Uniform	-34.00	102.00	
401K Mep	-68.96*	742.88	
Cell Phone		-225.00	
Net Pay	\$3,012.44		
Checking	-3,012.44	34,423.82	
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$3,379.21

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 **TotalSource**
 A Professional Employer Organization
 5800 Windward Parkway
 Alpharetta, GA 30005

Advice number: 00000200010
 Pay date: 05/15/2025

Deposited to the account of	account number	transit ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx xxxx	\$3,012.44

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 05/01/2025
Period Ending: 05/15/2025
Pay Date: 05/30/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
25120 PANTHER BEND COURT
367
THE WOODLANDS TX 77380

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		2,444.00	5,110.18
Mgr Commision			2,402.94	3,480.60
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Gross Pay			\$4,846.94	46,848.28

Other Benefits and Information	this period	total to date
Safe H	96.94	839.82
Sick Hours Bal	29.60	
Vac Hours Bal	24.64	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

Deductions	Statutory		
Federal Income Tax	-233.48	3,978.02	
Social Security Tax	-300.51	2,904.59	
Medicare Tax	-70.28	679.30	
Other			
Uniform	-34.00	136.00	
401K Mep	-96.94*	839.82	
Cell Phone		-225.00	
Net Pay	\$4,111.73		
Checking	-4,111.73	38,535.55	
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$4,750.00

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ADP TotalSource
A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000220010
Pay date: 05/30/2025

Deposited to the account of	account number	transit ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx xxxx	\$4,111.73

NON-NEGOTIABLE



FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 05/16/2025
Period Ending: 05/31/2025
Pay Date: 06/13/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
25120 PANTHER BEND COURT
367
THE WOODLANDS TX 77380

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		2,444.00	7,554.18
Mgr Commision			1,155.37	4,635.97
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Gross Pay			\$3,599.37	50,447.65

Other Benefits and Information	this period	total to date
Safe H	71.99	911.81
Sick Hours Bal	31.45	
Vac Hours Bal	26.18	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

Deductions	Statutory		
Federal Income Tax	-86.77		4,064.79
Social Security Tax	-223.16		3,127.75
Medicare Tax	-52.19		731.49
Other			
Uniform	-34.00		170.00
401K Mep	-71.99*		911.81
Cell Phone			-225.00
Net Pay	\$3,131.26		
Checking	-3,131.26		41,666.81
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$3,527.38

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TotalSource
A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000240009
Pay date: 06/13/2025

Deposited to the account of	account number	transit ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx xxxx	\$3,131.26

NON-NEGOTIABLE



FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 06/01/2025
Period Ending: 06/15/2025
Pay Date: 06/30/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
25120 PANTHER BEND COURT
367
THE WOODLANDS TX 77380

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		2,444.00	9,998.18
Mgr Commision			25.35	4,661.32
Sick		8.00		
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Gross Pay			\$2,469.35	52,917.00

Other Benefits and Information	this period	total to date
Safe H	49.39	961.20
Sick Hours Bal	25.30	
Vac Hours Bal	27.72	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

Deductions	Statutory		
Social Security Tax	-153.10	3,280.85	
Medicare Tax	-35.81	767.30	
Federal Income Tax		4,064.79	
Other			
401K Mep	-49.39*	961.20	
Cell Phone		-225.00	
Uniform		170.00	
Net Pay	\$2,231.05		
Checking	-2,231.05	43,897.86	
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,419.96

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A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000260009
Pay date: 06/30/2025

Deposited to the account of	account number	transit ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx xxxx	\$2,231.05

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 06/16/2025
Period Ending: 06/30/2025
Pay Date: 07/15/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
23223 GOSLING ROAD
APT 6111
SPRING TX 77389

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		2,444.00	12,442.18
Mgr Commision			984.37	5,645.69
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Gross Pay			\$3,428.37	56,345.37

Other Benefits and Information	this period	total to date
Safe H	137.13	1,098.33
Sick Hours Bal	27.15	
Vac Hours Bal	29.26	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

Deductions	Statutory		
Federal Income Tax	-58.43	4,123.22	
Social Security Tax	-212.56	3,493.41	
Medicare Tax	-49.71	817.01	
Other			
401K Mep	-137.13*	1,098.33	
Cell Phone		-225.00	
Uniform		170.00	
Net Pay	\$2,970.54		
Checking	-2,970.54	46,868.40	
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$3,291.24

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A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000280010
Pay date: 07/15/2025

Deposited to the account of	account number	transit ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx xxxx	\$2,970.54

NON-NEGOTIABLE

Earnings Statement

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 07/01/2025
Period Ending: 07/15/2025
Pay Date: 07/31/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
23223 GOSLING ROAD
APT 6111
SPRING TX 77389

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		2,444.00	14,886.18
Mgr Commision			1,057.76	6,703.45
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Gross Pay			\$3,501.76	59,847.13

Other Benefits and Information	this period	total to date
Safe H	140.07	1,238.40
Sick Hours Bal	29.00	
Vac Hours Bal	30.80	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

Deductions	Statutory		
Federal Income Tax	-66.89	4,190.11	
Social Security Tax	-217.11	3,710.52	
Medicare Tax	-50.77	867.78	
Other			
401K Mep	-140.07*	1,238.40	
Cell Phone		-225.00	
Uniform		170.00	
Net Pay	\$3,026.92		
Checking	-3,026.92	49,895.32	
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$3,361.69

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ADP TotalSource
A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000310010
Pay date: 07/31/2025

Deposited to the account of	account number	transit	ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx	xxxx	\$3,026.92

NON-NEGOTIABLE

Earnings Statement

FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 07/16/2025
Period Ending: 07/31/2025
Pay Date: 08/15/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
23223 GOSLING ROAD
APT 6111
SPRING TX 77389

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		2,444.00	17,330.18
Mgr Commision			2,704.66	9,408.11
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Gross Pay			\$5,148.66	64,995.79

Other Benefits and Information	this period	total to date
Safe H	205.95	1,444.35
Sick Hours Bal	30.85	
Vac Hours Bal	32.34	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

Deductions	Statutory		
Federal Income Tax	-256.61	4,446.72	
Social Security Tax	-319.22	4,029.74	
Medicare Tax	-74.66	942.44	
Other			
401K Mep	-205.95*	1,444.35	
Cell Phone		-225.00	
Uniform		170.00	
Net Pay	\$4,292.22		
Checking	-4,292.22	54,187.54	
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$4,942.71

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ADP TotalSource
A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000330010
Pay date: 08/15/2025

Deposited to the account of	account number	transit ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx xxxx	\$4,292.22

NON-NEGOTIABLE



FLEXI COMPRAS AUTOS, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Period Beginning: 08/01/2025
Period Ending: 08/15/2025
Pay Date: 08/29/2025

Filing Status: Married filing jointly
Exemptions/Allowances:
Federal: Standard Withholding Table

AMADO GARCIA SANCHEZ
23223 GOSLING ROAD
APT 6111
SPRING TX 77389

Earnings	rate	salary/hours	this period	year to date
Regular	2444.00		2,444.00	19,774.18
Mgr Commision			28.63	9,436.74
Bonus				612.50
Commission				31,634.46
Draw				5,658.54
Holiday				352.00
Gross Pay			\$2,472.63	67,468.42

Other Benefits and Information	this period	total to date
Safe H	98.91	1,543.26
Sick Hours Bal	32.70	
Vac Hours Bal	33.88	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
10200 Sunset Drive, Miami, FL 33173
1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
TX: No State Income Tax

Deductions	Statutory		
Social Security Tax	-153.30		4,183.04
Medicare Tax	-35.85		978.29
Federal Income Tax			4,446.72
Other			
401K Mep	-98.91*		1,543.26
Cell Phone			-225.00
Uniform			170.00
Net Pay	\$2,184.57		
Checking	-2,184.57		56,372.11
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$2,373.72

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TotalSource
A Professional Employer Organization
5800 Windward Parkway
Alpharetta, GA 30005

Advice number: 00000350011
Pay date: 08/29/2025

Deposited to the account of	account number	transit ABA	amount
AMADO GARCIA SANCHEZ	xxxxx4204	xxxx xxxx	\$2,184.57

NON-NEGOTIABLE