

Fill in this information to identify the case:

Debtor 1 Tricolor Auto Group, LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of Texas

Case number: 25-33496

FILED

U.S. Bankruptcy Court
Northern District of Texas

9/24/2025

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>CARLOS MIGUEL ALONSO CUELLO</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>CARLOS MIGUEL ALONSO CUELLO</u> Name 18431 WINDY KNOLL WAY HOUSTON, TX 77084-7679 Contact phone <u>3463737258</u> Contact email <u>CARLOS860829@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?	\$ 15485.00 <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. UNPAID SALES COMMISSIONS EARNED UNDER EMPLOYMENT AGREEMENT						
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).	\$ 15485.00
	<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 9/24/2025
MM / DD / YYYY

/s/ CARLOS MIGUEL ALONSO CUELLO

Signature

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

Name CARLOS MIGUEL ALONSO CUELLO

First name Middle name Last name

Title _____

Company _____

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 18431 WINDY KNOLL WAY

Number Street

HOUSTON, TX 77084-7679

City State ZIP Code

Contact phone 3463737258

Email CARLOS860829@GMAIL.COM

CARLOS MIGUEL ALONSO CUELLO
18431 WINDY KNOLL WAY
HOUSTON , TX 77084-7679
3463737258
Carlos860829@gmail.com

Date: 09/23/2025

To the Attention of:

Anne Burns, Chapter 7 Trustee
900 Jackson Street, Suite 570 Dallas, TX 75202

and

United States Bankruptcy Court
1100 Commerce Street Room 1254 Dallas, TX 75242

Re: Bankruptcy Case of Tricolor Auto Group
Case Number: 25-33496-mvl7r

Dear Trustee Burns and Honorable Court:

I am writing to formally state and clarify my position in connection with the above-referenced bankruptcy case.

My name is **CARLOS MIGUEL ALONSO CUELLO**, and I was an **employee of Tricolor Auto Group**, not an independent contractor (*vendor*). During my time with the company, I worked under direct supervision, with assigned schedules and responsibilities, specifically sales of vehicles and customer service

At the time the company ceased operations, there remained unpaid amounts owed to me, including:.

- Commissions earned on sales completed prior to the shutdown.
- Accrued but unpaid vacation time.

I have attached supporting documentation to verify my status as an employee and the amounts owed, including:

- Pay stubs. Where also shows my vacation hours not used
- W2 forms issued by the company.
- Adp employee ID
- Commissions earn from August 1 to August 31st

I respectfully request that my claim be recognized as a **priority claim** pursuant to **Section 507(a)(4) of the U.S. Bankruptcy Code**, which covers wages, salaries, commissions, and related compensation earned within 180 days before the bankruptcy filing, up to the statutory maximum allowed.

Thank you for your attention to this matter. Please let me know if any additional information or documentation is required to properly process my claim.

Sincerely,

Signature: _____

Carlos Miguel Alonso Cuello

CO FILE DEPT CLOCK VCHR. NO 576
BTD 111525 B03010 XN50K 0000330120 1

TRICOLOR AUTO GROUP, LLC
1111 WEST MOCKING BIRD LN, STE #1500
DALLAS TX 75247

Earnings Statement



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

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Tax blocked

CARLOS M ALONSO CUELLO
18431 WINDY KNOLL WAY
HOUSTON TX 77084

Earnings	rate	other/hours	this period	year to date
Bonus			125.00	1,055.00
Commission			12,052.70	93,328.34
DRAW				9,956.46
Floatingholiday				264.00
Holiday				352.00
Vacation				616.00
Gross Pay			\$12,177.70	105,571.80

Your federal taxable wages this period are
\$11,568.81

Other Benefits and Information

	this period	total to date
Safe H	487.11	4,222.87
Sick Hours Bal	36.00	
Vac Hours Bal	44.12	

Deductions	Statutory	
	Social Security Tax	-755.02
	Medicare Tax	-176.58
	Federal Income Tax	
	Other	
	Mep 401K Loan 1	-124.57
	401K Mep	-608.89*
	Cell Phone	
	Adjustment	
	Cell Phone	+75.00
	Net Pay	\$10,587.64
	Checking 2Nd	-10,587.64
	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

© 2000 ADP, Inc.

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

Advice number: 00000330120
Pay date: 08/15/2025

Deposited to the account of	account number	transit	ABA	amount
CARLOS M ALONSO CUELLO	xxxxxx9134	xxxx	xxxx	\$10,587.64

THIS IS NOT A CHECK

NON-NEGOTIABLE

2024 W-2 and EARNINGS SUMMARY



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.

Employee Reference Copy	
W-2 Wage and Tax Statement 2024	
OMB No. 1545-0048	
Copy C for employee's records	
d Control number	Dept. Corp. Employer use only
111525 NCTS/BTD	B03010 A 10
c Employer's name, address, and ZIP code	
ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173	
Batch #02140	
e/f Employee's name, address, and ZIP code	
CARLOS M ALONSO CUELLO 18431 WINDY KNOLL WAY HOUSTON TX 77084	
b Employer's FED ID number	a Employee's SSA number
65-0399700	XXX-XX-1013
1 Wages, tips, other comp.	2 Federal income tax withheld
191594.70	
3 Social security wages	4 Social security tax withheld
168600.00	10453.20
5 Medicare wages and tips	6 Medicare tax withheld
198988.71	2885.34
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	D 7394.01
14 Other	12b
	12c
	12d
	13 Stat emp Ret plan 3rd party sick pay
	X
15 State Employer's state ID no.	16 State wages, tips, etc.
TX	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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	198,988.71	198,988.71	198,988.71	
Less 401(k) (D-Box 12)	7,394.01	N/A	N/A	
Wages Over Limit	N/A	30,388.71	N/A	
Reported W-2 Wages	191,594.70	168,600.00	198,988.71	

2. Employee Name and Address.

CARLOS M ALONSO CUELLO
18431 WINDY KNOLL WAY
HOUSTON TX 77084

* If you are claiming exempt from Federal Withholding, you are required to file a new W-4 form by February 17, 2025

© 2024 ADP, Inc.

1 Wages, tips, other comp.	2 Federal income tax withheld
191594.70	
3 Social security wages	4 Social security tax withheld
168600.00	10453.20
5 Medicare wages and tips	6 Medicare tax withheld
198988.71	2885.34
d Control number	Dept. Corp. Employer use only
111525 NCTS/BTD	B03010 A 10
c Employer's name, address, and ZIP code	
ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173	
b Employer's FED ID number	a Employee's SSA number
65-0399700	XXX-XX-1013
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	D 7394.01
14 Other	12b
	12c
	12d
	13 Stat emp Ret plan 3rd party sick pay
	X
e/f Employee's name, address and ZIP code	
CARLOS M ALONSO CUELLO 18431 WINDY KNOLL WAY HOUSTON TX 77084	
15 State Employer's state ID no.	16 State wages, tips, etc.
TX	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
Federal Filing Copy	
W-2 Wage and Tax Statement 2024	

1 Wages, tips, other comp.	2 Federal income tax withheld
191594.70	
3 Social security wages	4 Social security tax withheld
168600.00	10453.20
5 Medicare wages and tips	6 Medicare tax withheld
198988.71	2885.34
d Control number	Dept. Corp. Employer use only
111525 NCTS/BTD	B03010 A 10
c Employer's name, address, and ZIP code	
ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173	
b Employer's FED ID number	a Employee's SSA number
65-0399700	XXX-XX-1013
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	D 7394.01
14 Other	12b
	12c
	12d
	13 Stat emp Ret plan 3rd party sick pay
	X
e/f Employee's name, address and ZIP code	
CARLOS M ALONSO CUELLO 18431 WINDY KNOLL WAY HOUSTON TX 77084	
15 State Employer's state ID no.	16 State wages, tips, etc.
TX	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
TX.State Reference Copy	
W-2 Wage and Tax Statement 2024	

1 Wages, tips, other comp.	2 Federal income tax withheld
191594.70	
3 Social security wages	4 Social security tax withheld
168600.00	10453.20
5 Medicare wages and tips	6 Medicare tax withheld
198988.71	2885.34
d Control number	Dept. Corp. Employer use only
111525 NCTS/BTD	B03010 A 10
c Employer's name, address, and ZIP code	
ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173	
b Employer's FED ID number	a Employee's SSA number
65-0399700	XXX-XX-1013
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	D 7394.01
14 Other	12b
	12c
	12d
	13 Stat emp Ret plan 3rd party sick pay
	X
e/f Employee's name, address and ZIP code	
CARLOS M ALONSO CUELLO 18431 WINDY KNOLL WAY HOUSTON TX 77084	
15 State Employer's state ID no.	16 State wages, tips, etc.
TX	
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
TX.State Filing Copy	
W-2 Wage and Tax Statement 2024	

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) (1) 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 nonselective 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):

TAX RETURN	
THIS FORM W-2	OTHER W-2'S

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.

2023 W-2 and EARNINGS SUMMARY



Employee	Reference	Copy
W-2	Wage and Tax Statement	2023
OMB No. 1545-0008		
d Control number	Dept.	Corp.
111525 NCTS/BTD	B03010	A
Employer use only		
12		
c Employer's name, address, and ZIP code		
ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173		
Batch #03434		
e/f Employee's name, address, and ZIP code		
CARLOS M ALONSO CUELLO 2827 DUNVALE ROAD APT 4308 HOUSTON TX 77063		
b Employer's FED ID number	a Employee's SSA number	
65-0399700	XXX-XX-1013	
1 Wages, tips, other comp.	2 Federal income tax withheld	
3766.09	109.98	
3 Social security wages	4 Social security tax withheld	
3766.09	233.50	
5 Medicare wages and tips	6 Medicare tax withheld	
3766.09	54.61	
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 Employer's state ID no.	16 State wages, tips, etc.	
TX		
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	3,766.09	3,766.09	3,766.09	
Reported W-2 Wages	3,766.09	3,766.09	3,766.09	

2. Employee Name and Address.

CARLOS M ALONSO CUELLO
2827 DUNVALE ROAD APT 4308
HOUSTON TX 77063

© 2023 ADP, Inc.

1 Wages, tips, other comp.	3766.09	2 Federal income tax withheld	109.98
3 Social security wages	3766.09	4 Social security tax withheld	233.50
5 Medicare wages and tips	3766.09	6 Medicare tax withheld	54.61
d Control number	Dept.	Corp.	Employer use only
111525 NCTS/BTD	B03010	A	12
c Employer's name, address, and ZIP code			
ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173			
b Employer's FED ID number	a Employee's SSA number		
65-0399700	XXX-XX-1013		
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			
CARLOS M ALONSO CUELLO 2827 DUNVALE ROAD APT 4308 HOUSTON TX 77063			
15 State Employer's state ID no.	16 State wages, tips, etc.		
TX			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy	TX.State Reference Copy		
W-2 Wage and Tax Statement	W-2 Wage and Tax Statement		
2023	2023		
OMB No. 1545-0008	OMB No. 1545-0008		

1 Wages, tips, other comp.	3766.09	2 Federal income tax withheld	109.98
3 Social security wages	3766.09	4 Social security tax withheld	233.50
5 Medicare wages and tips	3766.09	6 Medicare tax withheld	54.61
d Control number	Dept.	Corp.	Employer use only
111525 NCTS/BTD	B03010	A	12
c Employer's name, address, and ZIP code			
ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173			
b Employer's FED ID number	a Employee's SSA number		
65-0399700	XXX-XX-1013		
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			
CARLOS M ALONSO CUELLO 2827 DUNVALE ROAD APT 4308 HOUSTON TX 77063			
15 State Employer's state ID no.	16 State wages, tips, etc.		
TX			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy	TX.State Reference Copy		
W-2 Wage and Tax Statement	W-2 Wage and Tax Statement		
2023	2023		
OMB No. 1545-0008	OMB No. 1545-0008		

1 Wages, tips, other comp.	3766.09	2 Federal income tax withheld	109.98
3 Social security wages	3766.09	4 Social security tax withheld	233.50
5 Medicare wages and tips	3766.09	6 Medicare tax withheld	54.61
d Control number	Dept.	Corp.	Employer use only
111525 NCTS/BTD	B03010	A	12
c Employer's name, address, and ZIP code			
ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173			
b Employer's FED ID number	a Employee's SSA number		
65-0399700	XXX-XX-1013		
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			
CARLOS M ALONSO CUELLO 2827 DUNVALE ROAD APT 4308 HOUSTON TX 77063			
15 State Employer's state ID no.	16 State wages, tips, etc.		
TX			
17 State income tax	18 Local wages, tips, etc.		
19 Local income tax	20 Locality name		
Federal Filing Copy	TX.State Reference Copy		
W-2 Wage and Tax Statement	W-2 Wage and Tax Statement		
2023	2023		
OMB No. 1545-0008	OMB No. 1545-0008		

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 \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, 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 (not included in box 1)

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

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):

TAX RETURN	
THIS FORM W-2	OTHER W-2'S

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 credit (EIC). You may be able to take the EIC for 2023 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 EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. Any EIC 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 2023 and more than \$9,932.40 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 \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

9/16/25, 2:47 PM

Home

Cover Page

TO: Wage and Hour Department
FROM: CARLOS ALONSO CUELLO

FAX: 512-475-3025

PAGES:

PHONE

DATE: September 16, 2025

RE: NC259GW1W3I

CC:

Email: Wageandhour@twc.texas.gov

OR MAIL TO:
Texas Workforce Commission
Wage and Hour Department
101 E 15th Street
Austin, TX 78778-0001

Schepers Insurance Agency, Inc. - 8/31/2025

1 - 10/1/2025 - 10/1/2025 - 10/1/2025 - 10/1/2025



Printed: September 11, 2025

Unit	Contract	Customer	Lot	Date Sold	Split	House	Down Pay	Trade ACV	Pick up	Pick Paid	Commission
0.5	P18000	RUDY	803	08/02/2025	Yes	No	1,000.00	0.00	0.00	0.00	335.00
1.5	P18039	ISAIAS	803	08/02/2025	No	No	2,700.00	0.00	0.00	0.00	670.00
2.0	P18742	LUIS YOI	803	08/02/2025	Yes	No	1,125.00	0.00	0.00	0.00	335.00
2.5	P18942	SANDY	803	08/04/2025	Yes	No	825.00	750.00	0.00	0.00	335.00
3.0	P17639	VICTOR	803	08/07/2025	Yes	No	1,000.00	0.00	0.00	0.00	335.00
4.0	P18149	HECTILIO	803	08/07/2025	No	No	2,000.00	0.00	0.00	0.00	670.00
5.0	P190108	PA RIVERA	803	08/09/2025	No	No	2,000.00	0.00	0.00	0.00	670.00
5.0	P17663	EMER	803	08/09/2025	No	No	3,500.00	0.00	0.00	0.00	670.00
7.0	P179073	NERY MEDINA	803	08/09/2025	No	No	2,500.00	0.00	0.00	0.00	670.00
8.0	P189194	SERGIUEY	803	08/12/2025	No	No	2,030.00	0.00	0.00	0.00	670.00
8.5	P187068	HERNANDEZ	803	08/15/2025	Yes	No	1,375.00	0.00	0.00	0.00	335.00
9.5	P180524	FREDY	803	08/16/2025	No	No	2,200.00	0.00	0.00	0.00	670.00
10.0	P181310	EDUARDO	803	08/16/2025	Yes	No	1,280.00	0.00	0.00	0.00	335.00
11.0	P185546	DEVIS SILVA	803	08/16/2025	No	No	1,500.00	0.00	0.00	0.00	670.00
12.0	P189389	DELY	803	08/16/2025	No	No	1,650.00	0.00	0.00	0.00	670.00
13.0	P183461	SALMA UNIBE	803	08/20/2025	No	No	2,230.00	0.00	0.00	0.00	670.00
14.0	P189426	HARRY	803	08/22/2025	No	No	1,850.00	0.00	0.00	0.00	670.00
14.5	P179984	MARIO	803	08/23/2025	Yes	No	1,350.00	0.00	0.00	0.00	335.00
15.5	P182380	ERNESTO	803	08/23/2025	No	No	1,340.00	0.00	0.00	0.00	670.00
16.0	P191390	ISRAEL CRUZ	803	08/23/2025	Yes	No	1,000.00	0.00	2,000.00	0.00	335.00
17.0	P181407	JORGE	803	08/23/2025	No	No	1,090.00	1,500.00	0.00	0.00	670.00
17.5	P180600	WERTONSON	803	08/23/2025	Yes	No	750.00	0.00	0.00	0.00	335.00
18.0	P148162	WILSON	803	08/23/2025	Yes	No	825.00	0.00	0.00	0.00	335.00
18.5	P188235	REMI	803	08/23/2025	Yes	No	1,650.00	0.00	0.00	0.00	335.00
19.5	P189599	LENDY	803	08/25/2025	No	No	1,700.00	0.00	0.00	0.00	670.00

Name: Carlos Alvarez

Referral Bonus:

Role: Senior Customer Specialist

Cellphone Allowance: 75.00

Level: 4

Closed Deal Commission:

Lot: E03

Draw Amount:

Commission: 15,410.00

Total Commission Earned 15,485.00

Thursday September 11, 2025

Salesperson Commission Details (Carlos Alonso - 8/31/2025)

Commissions Approved by Carlos Alonso on 09/05/2025 8:01 PM



SULBAKAN										
5.0	P190106	MA RIVERA	B03	08/09/2025	No	No	2,000.00	0.00	0.00	670.00
6.0	R176763	EYNER MORALES	B03	08/09/2025	No	No	3,500.00	0.00	0.00	670.00
7.0	R179073	NERY MEDINA	B03	08/09/2025	No	No	2,560.00	0.00	0.00	670.00
8.0	P189194	SERGUEY PARRA	B03	08/12/2025	No	No	2,030.00	0.00	0.00	670.00
8.5	R187068	NEIBER HERNANDEZ	B03	08/15/2025	Yes	No	1,375.00	0.00	0.00	335.00
9.5	R180524	FREDY RODRIGUEZ	B03	08/16/2025	No	No	2,200.00	0.00	0.00	670.00
10.0	R183310	EDUARDO VILLEGAS	B03	08/16/2025	Yes	No	1,280.00	0.00	0.00	335.00
11.0	R185546	DENIS SILVA	B03	08/16/2025	No	No	1,500.00	0.00	0.00	670.00
12.0	R189309	DELMY GRANADOS	B03	08/16/2025	No	No	1,650.00	0.00	0.00	670.00
13.0	P183461	SALMA URIBE	B03	08/20/2025	No	No	2,230.00	0.00	0.00	670.00
14.0	P185426	HARRY ROBAINA	B03	08/22/2025	No	No	1,850.00	0.00	0.00	670.00
14.5	P176984	MARIO GUERRERO	B03	08/23/2025	Yes	No	1,250.00	0.00	0.00	335.00
15.5	P182380	ERNESTO SANCHEZ	B03	08/23/2025	No	No	1,340.00	0.00	0.00	670.00
16.0	P191390	ISRAEL CRUZ	B03	08/23/2025	Yes	No	100.00	0.00	2,000.00	335.00
17.0	P191407	JORGE MARTINEZ	B03	08/23/2025	No	No	1,000.00	1,500.00	0.00	670.00
17.5	P192860	JEFFERSON MEJIA	B03	08/23/2025	Yes	No	750.00	0.00	0.00	335.00
18.0	R145162	WILSON CHIRINOS	B03	08/23/2025	Yes	No	825.00	0.00	0.00	335.00
18.5	R188235	REMIS DOMINGO	B03	08/23/2025	Yes	No	1,650.00	0.00	0.00	335.00
19.5	P189569	LENDRY PEREIRA	B03	08/25/2025	No	No	1,760.00	0.00	0.00	670.00
20.0	R188017	ARIANNI GAMEZ	B03	08/26/2025	Yes	No	650.00	0.00	0.00	335.00
20.5	P192447	GREGORIO GARCIA	B03	08/27/2025	Yes	No	1,425.00	0.00	0.00	335.00
21.5	R164905	LUIS MOLINA	B03	08/27/2025	No	No	2,560.00	0.00	0.00	670.00
22.0	R173907	JHOAN RIVAS	B03	08/29/2025	Yes	No	550.00	0.00	0.00	335.00
22.5	P193609	MAICOL RODRIGUEZ	B03	08/30/2025	Yes	No	1,500.00	0.00	0.00	335.00
23.0	R188605	ALEJANDRA APARICIO	B03	08/30/2025	Yes	No	1,025.00	0.00	0.00	335.00
Total:							47,410.00	2,250.00	2,000.00	15,410.00

Referral Bonus:

Name: Carlos Alonso

Role: Senior
Customer
Specialist

CellPhone Allowance: 75.00

Level: 4

Closed Deal Commission:

Lot: B03

Draw Amount:

Commission: 15,410.00

Total Commission Earned 15,485.00