

Fill in this information to identify the case:

Debtor 1 <u>Tricolor Auto Group, LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Texas</u>
Case number: <u>25-33496</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Texas
 9/25/2025
 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?	Dunia Martin 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?	Where should payments to the creditor be sent? (if different)
	Dunia Martin Name 20899 Olive Leaf St New Caney, TX 77357 Contact phone <u>3464007028</u> Contact email <u>duniamartin15@gmail.com</u> Uniform claim identifier (if you use one): _____	_____ 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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><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: _____</p>
<p>7. How much is the claim?</p>	<p>\$ <u>10995.00</u></p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p><u>unpaid sales commissions earned under employment agreement</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>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: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

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).	\$ 10995.00
	<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 9/25/2025
MM / DD / YYYY

/s/ Dunia Martin

Signature

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

Name Dunia Martin
First name Middle name Last name

Title _____

Company _____

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

20899 Olive Leaf St
Number Street
New Caney, TX 77357

City State ZIP Code

Contact phone 3464007028 Email duniamartin15@gmail.com



of 2

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. 1545-0008	
d Control number 100229 NCTS/BTD	Dept. B03010 Corp. Employer use only A
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 DUNIA MARTIN 20899 OLIVE LEAF STREET NEW CANEY TX 77357	
b Employer's FED ID number 65-0399700	a Employee's SSA number XXX-XX-3593
1 Wages, tips, other comp. 10821.84	2 Federal income tax withheld 83.90
3 Social security wages 10902.00	4 Social security tax withheld 675.92
5 Medicare wages and tips 10902.00	6 Medicare tax withheld 158.08
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 80.16
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay <input checked="" type="checkbox"/>	
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

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	10,902.00	10,902.00	10,902.00	
Less 401(k) (D-Box 12)	80.16	N/A	N/A	
Reported W-2 Wages	10,821.84	10,902.00	10,902.00	

2. Employee Name and Address.

**DUNIA MARTIN
20899 OLIVE LEAF STREET
NEW CANEY TX 77357**

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1 Wages, tips, other comp. 10821.84	2 Federal income tax withheld 83.90
3 Social security wages 10902.00	4 Social security tax withheld 675.92
5 Medicare wages and tips 10902.00	6 Medicare tax withheld 158.08
d Control number 100229 NCTS/BTD	Dept. B03010 Corp. Employer use only A
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 65-0399700	a Employee's SSA number XXX-XX-3593
7 Social security tips	8 Allocated tips
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11 Nonqualified plans	12a See instructions for box 12 D 80.16
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay <input checked="" type="checkbox"/>	
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 W-2 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. 10821.84	2 Federal income tax withheld 83.90
3 Social security wages 10902.00	4 Social security tax withheld 675.92
5 Medicare wages and tips 10902.00	6 Medicare tax withheld 158.08
d Control number 100229 NCTS/BTD	Dept. B03010 Corp. Employer use only A
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 65-0399700	a Employee's SSA number XXX-XX-3593
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 80.16
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay <input checked="" type="checkbox"/>	
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 W-2 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. 10821.84	2 Federal income tax withheld 83.90
3 Social security wages 10902.00	4 Social security tax withheld 675.92
5 Medicare wages and tips 10902.00	6 Medicare tax withheld 158.08
d Control number 100229 NCTS/BTD	Dept. B03010 Corp. Employer use only A
c Employer's name, address, and ZIP code ADP TOTALSOURCE FL XVIII INC TRICOLOR AUTO GROUP, LLC 10200 SUNSET DR MIAMI FL 33173	
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9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 D 80.16
14 Other	12b 12c 12d
13 Stat emp. Ret. plan 3rd party sick pay <input checked="" type="checkbox"/>	
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 W-2 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.

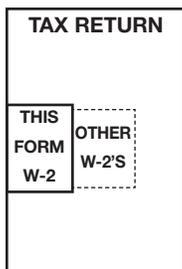
Department of the Treasury - Internal Revenue Service

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.



TRICOLOR AUTO GROUP, 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: Head of household
 Exemptions/Allowances:
 Federal: Standard Withholding Table

DUNIA MARTIN
 20899 OLIVE LEAF STREET
 NEW CANEY TX 77357

Earnings	rate	other/hours	this period	year to date
Reg			2,046.38	2,046.38
Bonus				515.00
Commission				24,676.00
DRAW				13,464.90
Floatingholiday				88.00
Holiday				176.00
Gross Pay			\$2,046.38	40,966.28

Other Benefits and Information	this period	total to date
Safe H	81.86	1,301.56

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

Deductions	Statutory	Other		
Federal Income Tax	-109.08		2,050.10	
Social Security Tax	-126.88		2,539.91	
Medicare Tax	-29.67		594.01	
Met Trm Lif Ch	-0.15		2.55	
Met Trm Lif Ee	-3.00		51.00	
401K Mep	-81.86*		1,301.56	
Cell Phone			-75.00	
Net Pay		\$1,695.74		
Checking		-1,695.74	34,502.15	
Net Check		\$0.00		

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
 \$1,964.52

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

Advice number: 00000370121
 Pay date: 09/09/2025

Deposited to the account of	account number	transit ABA	amount
DUNIA MARTIN	xxxxx9179	xxxx xxxx	\$1,695.74

THIS IS NOT A CHECK

NON-NEGOTIABLE



Sales Dashboard

New Contest: Reviews Cup Start now! | [CLICK HERE](#) Nuevo concurso: Reviews Cup | [Participa ya! | HAZ CLICK AQUÍ](#)

Sales Sales Manager Bonus Sales Commission

Salesperson Commission Details (Dania Martin - 8/31/2025)

Commissions Approved by Dania Martin on 09/01/2025 6:32 PM

3.5	P172508	SERGIO RONQUILLO	803	08/09/2025	No	No	2,000.00	0.00	0.00	520.00
4.5	P190524	JOSE PEREZ	803	08/09/2025	No	No	4,500.00	0.00	0.00	520.00
5.5	R184096	JENNY OSORJO	803	08/09/2025	No	No	2,000.00	0.00	0.00	520.00
6.5	R186027	JOSE ROCHA	803	08/09/2025	No	No	1,920.00	0.00	0.00	520.00
7.5	P191373	ESPERANZA VELAZQUEZ-ORTE	803	08/11/2025	No	No	1,800.00	0.00	0.00	520.00
8.5	P191170	HERMENCIJA RAMIREZ	803	08/14/2025	No	No	1,920.00	0.00	0.00	520.00
9.5	R186576	OLGA ESTUPINAN	803	08/14/2025	No	No	1,225.00	0.00	0.00	520.00
10.0	R187068	NEIBER HERNANDEZ	803	08/15/2025	Yes	No	1,375.00	0.00	0.00	520.00
11.0	R172919	JORGE GONZALEZ	803	08/16/2025	No	No	1,970.00	0.00	0.00	520.00
11.5	R183310	EDUARDO VILLEGAS	803	08/16/2025	Yes	No	1,280.00	0.00	0.00	520.00
12.5	R183696	PEDRO TUOH	803	08/18/2025	No	No	1,200.00	0.00	0.00	520.00
13.5	P181453	LISBET GONZALEZ	803	08/19/2025	No	No	2,250.00	0.00	0.00	520.00
14.0	P185452	PEDRO TRUJILLO	803	08/20/2025	Yes	No	1,050.00	0.00	0.00	520.00
15.0	P179664	CHRISTOPHER LEWIS	803	08/22/2025	No	No	3,500.00	0.00	0.00	520.00
16.0	P190488	KADEN MOTT	803	08/22/2025	No	No	2,500.00	0.00	0.00	520.00
17.0	P191893	LUIS GUTIERREZ	803	08/23/2025	No	No	2,500.00	0.00	0.00	520.00
17.5	R187455	EUDY CABALLERO	803	08/23/2025	Yes	No	325.00	750.00	0.00	520.00
18.5	R189967	BRIAN DAVIS	803	08/23/2025	No	No	1,430.00	0.00	0.00	520.00
19.5	R190379	JUAN GALLEGOS	803	08/23/2025	No	No	1,624.00	0.00	0.00	520.00
20.5	R189762	DETRA KING	803	08/26/2025	No	No	2,560.00	0.00	0.00	520.00
21.0	R188605	ALEJANDRA APARICIO	803	08/30/2025	Yes	No	1,025.00	0.00	0.00	520.00
Total:							45,919.00	750.00	-	10,920.00

Name:	Dania Martin	Referral Bonus:	
Role:	Customer Specialist	CellPhone Allowance:	75.00
Level:	4	Closed Deal Commission:	
Lot:	803	Draw Amount:	
Commission:	10,920.00	Total Commission Earned	10,995.00