

**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  
9/29/2025  
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**

<b>1. Who is the current creditor?</b>	<u>EMILBIS D SANCHEZ BABIN</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>EMILBIS D SANCHEZ BABIN</u> Name <u>4251 SILVER RANCH RD</u> <u>HOUSTON, TX 77014</u>  Contact phone <u>3465519020</u> Contact email <u>emilbissanchezbabin@gmail.com</u>  Uniform claim identifier (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name _____ Contact phone _____ Contact email _____
	<b>4. Does this claim amend one already filed?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
	<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b> <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**

<b>6. Do you have any number you use to identify the debtor?</b>	<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: _____										
<b>7. How much is the claim?</b>	\$ 12335.00 <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <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>										
<b>8. What is the basis of the claim?</b>	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										
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <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: _____  <b>Basis for perfection:</b> _____  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%;"><b>Value of property:</b></td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is secured:</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is unsecured:</b></td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Amount necessary to cure any default as of the date of the petition:</b></td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Annual Interest Rate</b> (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Value of property:</b>	\$ _____	<b>Amount of the claim that is secured:</b>	\$ _____	<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)	<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____	<b>Annual Interest Rate</b> (when case was filed)	_____ %
<b>Value of property:</b>	\$ _____										
<b>Amount of the claim that is secured:</b>	\$ _____										
<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)										
<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____										
<b>Annual Interest Rate</b> (when case was filed)	_____ %										
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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).	\$ 12335.00
	<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 9/29/2025  
MM / DD / YYYY

/s/ EMILBIS D SANCHES BABIN

Signature

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

Name EMILBIS D SANCHES BABIN

First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Address 4251 SILVER RANCH RD

Number Street

HOUSTON, TX 77014

City State ZIP Code

Contact phone 3465519020 Email emilbissanchezbabin@gmail.com

Arianna Diaz  
Friday September 12, 2025

**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 (Emilbis Sanchez - 8/31/2025)**

Commissions Approved by Emilbis Sanchez on 09/01/2025 1:54 PM

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Down Pay	Trade ACV	Pick Up	Pick Paid	Commission
0.5	P190110	CHRISTOFER ADONIS LOPEZ L	B06	08/01/2025	Yes	No	1,135.00	0.00	0.00		320.00
1.0	R187048	RAUL MORALES	B06	08/01/2025	Yes	No	1,025.00	0.00	0.00		320.00
1.5	P188105	FREDIS SORIANO	B06	08/02/2025	Yes	No	1,750.00	0.00	0.00		320.00
2.0	R185838	ASHLEY TEJEDA	B06	08/02/2025	Yes	No	950.00	0.00	0.00		320.00
2.5	P174786	MARTHA CAROLINA MENCIA HE	B06	08/04/2025	Yes	No	1,100.00	0.00	0.00		320.00
3.0	P186685	MEGHAN YOUNG	B06	08/04/2025	Yes	No	2,500.00	0.00	0.00		320.00
3.5	R186663	LINDA GONZALEZ	B06	08/04/2025	Yes	No	1,025.00	0.00	0.00		320.00

**Referral Leads**

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Down Pay	Trade ACV	Pick Up	Pick Paid	Referral Bonus
1	R180511	GLENDI COY	Y05	08/30/2025		No	1,600.00	0.00	-		100.00

<b>Name:</b>	Emilbis Sanchez	<b>Referral Bonus:</b>	100.00
<b>Role:</b>	Senior Customer Specialist	<b>CellPhone Allowance:</b>	75.00
<b>Level:</b>	3	<b>Closed Deal Commission:</b>	
<b>Lot:</b>	B06	<b>Draw Amount:</b>	
<b>Commission:</b>	12,160.00	<b>Total Commission Earned</b>	12,335.00

Arianna Diaz  
Friday September 12, 2025



- Apparel Ordering
- Company Directory
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- Tricolor Marketing Center
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- Document Storage
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Sales

Sales Manager Bonus

Sales Commission

### Salesperson Commission Details (Emilbis Sanchez - 8/31/2025)

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4.0	R187885	ALEXANDER FLORES	B06	08/04/2025	Yes	No	1,000.00	0.00	0.00	320.00
4.5	P187010	JUAN ANTONIO CASTORENA CA	B06	08/06/2025	Yes	No	1,750.00	0.00	0.00	320.00
5.0	P190562	DESIREE LEE GRANADOS	B06	08/06/2025	Yes	No	1,725.00	0.00	0.00	320.00
5.5	R188259	DARIAN ERNESTO MACIAS MEJ	B06	08/06/2025	Yes	No	1,000.00	0.00	0.00	320.00
6.0	R183135	RAFAEL VAILLANT	B06	08/08/2025	Yes	No	960.00	0.00	0.00	320.00
6.5	P190710	RODRIGO JACOBO MELGAR	B06	08/11/2025	Yes	No	1,050.00	0.00	0.00	320.00
7.0	P146440	MANUELA CALGUA SUT DE PU	B06	08/12/2025	Yes	No	1,075.00	0.00	0.00	320.00
7.5	P188885	ISABEL COCA	B06	08/13/2025	Yes	No	1,000.00	0.00	0.00	320.00

### Referral Leads

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Down Pay	Trade ACV	Pick Up	Pick Paid	Referral Bonus
1	R180511	GLENDI COY	Y05	08/30/2025		No	1,600.00	0.00	-		100.00

Name:	Emilbis Sanchez	Referral Bonus:	100.00
Role:	Senior Customer Specialist	CellPhone Allowance:	75.00
Level:	3	Closed Deal Commission:	
Lot:	B06	Draw Amount:	
Commission:	12,160.00	Total Commission Earned	12,335.00





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7.5	P190096	ISABEL SOSA	B06	08/12/2025	Yes	No	1,000.00	0.00	0.00	320.00
8.0	R188631	ZOLANGEL GARCIA SILVA	B06	08/13/2025	Yes	No	1,350.00	0.00	0.00	320.00
8.5	P185773	JULIO EDUARDO ACOSTA GALV	B06	08/14/2025	Yes	No	3,000.00	0.00	0.00	320.00
9.0	P191149	ROSALBA NAVA CHAVEZ	B06	08/14/2025	Yes	No	925.00	0.00	0.00	320.00
9.5	R177782	OSMIN JOSUE FUENTES FUNEZ	B06	08/15/2025	Yes	No	1,075.00	0.00	0.00	320.00
10.0	R179894	JOSE MIRANDA	B06	08/15/2025	Yes	No	750.00	0.00	0.00	320.00
10.5	P191401	JOSE AGUIRRE	B06	08/16/2025	Yes	No	925.00	0.00	0.00	320.00
11.0	P191876	DARLIN LEIVA	B06	08/16/2025	Yes	No	1,700.00	0.00	0.00	320.00

### Referral Leads

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Down Pay	Trade ACV	Pick Up	Pick Paid	Referral Bonus
1	R180511	GLENDI COY	Y05	08/30/2025		No	1,600.00	0.00	-		100.00

Name:	Emilbis Sanchez	Referral Bonus:	100.00
Role:	Senior Customer Specialist	CellPhone Allowance:	75.00
Level:	3	Closed Deal Commission:	
Lot:	B06	Draw Amount:	
Commission:	12,160.00	Total Commission Earned	12,335.00



Arianna Diaz  
Friday September 12, 2025

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Sales Sales Manager Bonus Sales Commission

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Commissions Approved by Emilbis Sanchez on 09/01/2025 1:54 PM

11.5	R185231	NANSI CANO	B06	08/16/2025	Yes	No	925.00	0.00	0.00	320.00
12.0	P188895	CAROLINA LOPEZ SANTANA	B06	08/18/2025	Yes	No	950.00	0.00	0.00	320.00
12.5	P190698	LUIS ALBERTO LOPEZ FLORES	B06	08/18/2025	Yes	No	1,100.00	0.00	0.00	320.00
13.0	P193510	LUNA EDWARDS	B06	08/23/2025	Yes	No	1,000.00	0.00	0.00	320.00
13.5	R189113	JORDAN RAMIREZ	B06	08/23/2025	Yes	No	960.00	0.00	0.00	320.00
14.0	R189961	OLIVER ULLOA	B06	08/23/2025	Yes	No	960.00	0.00	0.00	320.00
14.5	R184101	JACQUELINE PEREZ	B06	08/25/2025	Yes	No	745.00	0.00	0.00	320.00
15.0	R189542	BRYTZEL CERDA	B06	08/25/2025	Yes	No	1,020.00	0.00	0.00	320.00

### Referral Leads

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Down Pay	Trade ACV	Pick Up	Pick Paid	Referral Bonus
1	R180511	GLENDI COY	Y05	08/30/2025		No	1,600.00	0.00	-		100.00

Name:	Emilbis Sanchez	Referral Bonus:	100.00
Role:	Senior Customer Specialist	CellPhone Allowance:	75.00
Level:	3	Closed Deal Commission:	
Lot:	B06	Draw Amount:	
Commission:	12,160.00	Total Commission Earned	12,335.00



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Sales Sales Manager Bonus Sales Commission

### Salesperson Commission Details (Emilbis Sanchez - 8/31/2025)

Commissions Approved by Emilbis Sanchez on 09/01/2025 1:54 PM

15.0	R189542	BRYTZEL CERDA	B06	08/25/2025	Yes	No	1,020.00	0.00	0.00	320.00
15.5	P193496	IBETH COVARRUBIAS	B06	08/26/2025	Yes	No	815.00	0.00	0.00	320.00
16.0	R182880	ASILEDI DIAZ	B06	08/26/2025	Yes	No	685.00	0.00	0.00	320.00
16.5	R186799	JULIO HERNANDEZ	B06	08/26/2025	Yes	No	1,530.00	0.00	0.00	320.00
17.0	P192435	ADELAIDO MONTERO	B06	08/27/2025	Yes	No	1,062.50	0.00	0.00	320.00
17.5	R185574	KELVIN CARCAMO	B06	08/27/2025	Yes	No	1,880.00	0.00	0.00	320.00
18.5	R189320	JOSE ORTEGA	B06	08/30/2025	No	No	1,600.00	0.00	0.00	640.00
19.0	R190881	ISMARAY AVILA	B06	08/30/2025	Yes	No	1,250.00	0.00	0.00	320.00
Total:							45,252.50	0.00	-	12,160.00

### Referral Leads

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Down Pay	Trade ACV	Pick Up	Pick Paid	Referral Bonus
1	R180511	GLENDI COY	Y05	08/30/2025		No	1,600.00	0.00	-		100.00

Name:	Emilbis Sanchez	Referral Bonus:	100.00
Role:	Senior Customer Specialist	CellPhone Allowance:	75.00
Level:	3	Closed Deal Commission:	
Lot:	B06	Draw Amount:	
Commission:	12,160.00	Total Commission Earned	12,335.00



 **Texas** USA  
DRIVER LICENSE

Colonel: *[Signature]*



**DRIVER LICENSE**



4d. DL: **50233878** 9. Class: **C**  
3. DOB: **02/15/1992** 4b. Exp: **02/15/2032**  
4a. Iss: **05/22/2025**

1. **SANCHEZ BABIN**  
2. **EMILBIS D**

6. **4251 SILVER RANCH RD**  
**HOUSTON, TX 77014-3341**

12. Rest: **NONE** 9a. End: **NONE**  
16. Hgt: **5'-03"** 15. Sex: **F** 18. Eyes: **MAR**  
5. DD: **14224500150212837022**  **02/15/1992**



10032320457

CLASS: C-Single or comb veh w/ GVWR ≤ 26,000 lbs which transports placarded HAZMAT or ≥ 16 pass, including driver

REST: NONE

END: NONE

DOB: 02/15/1992

REV: 07/16/2021

Directive to physician has been filed at Tel #

Emergency Contact #

Allergic reaction to drugs:

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

**Earnings Statement**

TRICOLOR AUTO GROUP, 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: Single/Married filing separately  
Exemptions/Allowances:  
Federal: Standard Withholding Table

EMILBIS SANCHEZ BABIN  
13222 BAMMEL NORTH HOUSTON RD  
APT 1304  
HOUSTON TX 77066

<b>Earnings</b>	rate	other/hours	this period	year to date
Bonus			200.00	630.00
Commission			10,028.00	33,232.40
DRAW				11,827.20
Holiday				352.00
SICK				176.00
<b>Gross Pay</b>			<b>\$10,228.00</b>	46,217.60

Your federal taxable wages this period are  
\$9,757.54

**Other Benefits and Information**

	this period	total to date
Safe H	409.12	1,550.51
Sick Hours Bal	12.00	
Vac Hours Bal	60.04	

<b>Deductions</b>	Statutory		
Federal Income Tax	-1,966.75	5,867.42	
Social Security Tax	-630.33	2,850.28	
Medicare Tax	-147.42	666.60	
<b>Other</b>			
Medical	-45.69*	182.76	
Ts Dental	-12.42*	49.68	
Ts Vision	-3.23*	12.92	
401K Mep	-409.12*	1,550.51	
Cell Phone		-150.00	
<b>Adjustment</b>			
Cell Phone	+75.00		
<b>Net Pay</b>	<b>\$7,088.04</b>		
Checking	-7,088.04	35,187.43	
<b>Net Check</b>	<b>\$0.00</b>		

**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.



A Professional Employer Organization  
5800 Windward Parkway  
Alpharetta, GA 30005

Advice number: 00000330156  
Pay date: 08/15/2025

Deposited to the account of	account number	transit ABA	amount
EMILBIS SANCHEZ BABIN	xxxxxxx2552	xxxx xxxx	\$7,088.04

**NON-NEGOTIABLE**

**Earnings Statement**

TRICOLOR AUTO GROUP, 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: Single/Married filing separately  
Exemptions/Allowances:  
Federal: Standard Withholding Table

EMILBIS SANCHEZ BABIN  
13222 Bammel North Houston Rd  
APT 1304  
HOUSTON TX 77066

Earnings	rate	other/hours	this period	year to date
DRAW			1,482.00	13,309.20
Bonus				630.00
Commission				33,232.40
Holiday				352.00
SICK				176.00
<b>Gross Pay</b>			<b>\$1,482.00</b>	47,699.60

Deductions	Statutory		
Federal Income Tax	-78.43	5,945.85	
Social Security Tax	-88.08	2,938.36	
Medicare Tax	-20.60	687.20	
<b>Other</b>			
Medical	-45.69*	228.45	
Ts Dental	-12.42*	62.10	
Ts Vision	-3.23*	16.15	
401K Mep	-59.28*	1,609.79	
Cell Phone		-150.00	
<b>Net Pay</b>	<b>\$1,174.27</b>		
Checking	-1,174.27	36,361.70	
<b>Net Check</b>	<b>\$0.00</b>		

Other Benefits and Information	this period	total to date
Safe H	59.28	1,609.79
Sick Hours Bal	14.00	
Vac Hours Bal	63.38	

**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  
\$1,361.38

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

Advice number: 00000350153  
Pay date: 08/29/2025

Deposited to the account of	account number	transit ABA	amount
EMILBIS SANCHEZ BABIN	xxxxxxx2552	xxxx xxxx	\$1,174.27

**NON-NEGOTIABLE**