

Fill in this information to identify the case:

Debtor 1 **TRICOLOR AUTO GROUP, LLC**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **Northern District of TX**

Case number **25-33496** - Chapter **7**

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>City of McAllen</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? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 17428 AUSTIN, TX 78760-7428 (512) 447-6675 austin.bankruptcy@lgbs.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (If different) CITY OF MCALLEN C/O DIANE W. SANDERS LINEBARGER GOGGAN BLAIR & SAMPSON, LLP P.O. BOX 17428 AUSTIN, TX 78760
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: _____	
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	<input type="checkbox"/> No
--------------------------------------	-----------------------------



identify the debtor?	<input checked="" type="checkbox"/> Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ SEE ATTACHED EXHIBITS								
7. How much is the claim?	\$ <u>\$2,918.98</u> 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).								
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 health care information. <div style="text-align: center; border-top: 1px solid black; padding-top: 5px;">AD VALOREM TAXES</div>								
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> Basis for perfection: <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> 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.) Value of property: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$2,918.98</u> Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ <u>\$2,918.98</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable								
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)? A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Check all that apply:</i> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: right;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input 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).</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>		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 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).	\$ _____
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☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ 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)(2) 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 co-debtor. 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 October 15, 2025

/s/Diane W. Sanders 

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

Name : **Diane W. Sanders**

Title : **Attorney TXBN 16415500**

Company : **LINEBARGER GOGGAN BLAIR & SAMPSON, LLP**
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address : **PO BOX 17428
AUSTIN, TX 78760-7428
(512) 447-6675**

austin.bankruptcy@lgb.com

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

IN RE:	§	
	§	CASE NO. 25-33496
TRICOLOR AUTO GROUP, LLC	§	
	§	
	§	CHAPTER 7
DEBTOR(S)	§	

City of McAllen
PROOF OF CLAIM SUMMARY OF EXHIBITS

<u>Exhibit No.</u>	<u>Account No.</u>	<u>Tax Years included in Claim</u>	<u>Amount Due</u>
1	R400093000000307	2025 EST	\$2,734.30
2	R400099000000306	2025 EST	\$184.68
TOTAL:			\$2,918.98

CITY OF MCALLEN 2024 TAX STATEMENT**MAKE CHECKS/MONEY ORDERS PAYABLE TO:****RETURN TOP PORTION WITH YOUR PAYMENT**

City of McAllen Tax Office
 311 N. 15th Street (Physical Address)
 McAllen, TX 78501
 (956) 681-1330
 Rebecca M. Grimes, RTA/RTC

BILL#: 112565

Date: 11/01/2024
P.I.D: R400093000000307

Pay online at www.mcallen.net
 Payments made via credit card or electronic
 check are subject to an additional fee.

IF PAID BY		AMOUNT DUE
NOVEMBER	30, 2024	2,734.30
DECEMBER	31, 2024	2,734.30
JANUARY	31, 2025	2,734.30
FEBRUARY	28, 2025	2,925.70
MARCH	31, 2025	2,980.39
APRIL	30, 2025	3,490.33



TRICOLOR AUTO LLC
 6021 CONNECTION DR FL 4
 IRVING, TX 75039-2607

INT 31 21



R400093000000307000002734301

Pay only one of the amounts above
 Prior years not included
 Discounts or P & I have been applied

APPRAISED VALUE ASSESSED VALUE	APPRAISED / ASSESSED VALUE IMPROVEMENTS	AGRICULTURE VALUE	TAXABLE VALUE BEFORE EXEMPTIONS	±EXEMPTIONS	MTG/AGT CODE	BILL NUMBER
607,638	0	0	607,638			112565
PERSONAL						

TAXING UNIT CODE	TAXING UNITS	ASSESSED VALUE (100% RATIO)	TOTAL EXEMPTIONS	NET TAXABLE VALUE	TAX RATE (PER \$100)	LATE APPLICATION PENALTY	TAX AMOUNT DUE
CML	CITY OF MCALLEN	607,638		607,638	0.449989		2,734.30

1/2% Sales Tax Reduced CITY TAXES BY
 \$ 1,124.84

Total Property Taxes: 2,734.30

Property owners who qualify for an Over 65 or Homestead, Disabled and/or Disabled Veterans Exemption may qualify for our Quarterly Payment Plan. To qualify for this plan, you must notify our office and make the 1st installment no later than January 31st. For more information, please contact our office.

*INDICATES CAPPED VALUE - QUESTIONS ON VALUES CALL HIDALGO
 COUNTY APPRAISAL DISTRICT AT (956) 381-8466

Property ID Number	R400093000000307
Situs Location	316 E BUS HWY 83 MCALLEN 78501
Legal Description	6/ NEW ACCT 2021
SPEC	Estimated 2025 Taxes: \$ 2,734.30 Account Total: \$ 2,734.30
EXHIBIT	1

TAXING UNIT CODE	FREEZE CODE	AMOUNT
FULL MARKET VALUE		607,638
IF PAID BY		AMOUNT DUE
NOVEMBER	30, 2024	2,734.30
DECEMBER	31, 2024	2,734.30
JANUARY	31, 2025	2,734.30
FEBRUARY	28, 2025	2,925.70
MARCH	31, 2025	2,980.39
APRIL	30, 2025	3,490.33

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 McAllen, TX 78501
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 Rebecca M. Grimes, RTA/RTC

Page 1 of 4



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 check are subject to an additional fee.

PENALTY--INTEREST & COLLECTION FEES RESULTING FROM
 LATE PAYMENT OF TAXES PAID IN:

FEB, ADD 7% MAY, ADD 13% AUG, ADD 19% + 15%
 MAR, ADD 9% JUN, ADD 15% SEP, ADD 20% + 15%
 APR, ADD 11% JUL, ADD 18% + 15% OCT, ADD 21% + 15%

KEEP THIS COPY FOR YOUR RECORDS**SEE REVERSE SIDE****CANCELLED CHECK WILL SERVE AS YOUR RECEIPT**

CITY OF MCALLEN 2024 TAX STATEMENT**MAKE CHECKS/MONEY ORDERS PAYABLE TO:****RETURN TOP PORTION WITH YOUR PAYMENT**

City of McAllen Tax Office
 311 N. 15th Street (Physical Address)
 McAllen, TX 78501
 (956) 681-1330
 Rebecca M. Grimes, RTA/RTC

BILL#: 112561
AGENT-889



Date: 11/01/2024
P.I.D: R400099000000306

Pay online at www.mcallen.net
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 check are subject to an additional fee.

IF PAID BY		AMOUNT DUE
NOVEMBER	30, 2024	184.68
DECEMBER	31, 2024	184.68
JANUARY	31, 2025	184.68
FEBRUARY	28, 2025	197.61
MARCH	31, 2025	201.30
APRIL	30, 2025	235.74



TRICOLOR AUTO LLC
 6021 CONNECTION DR FL 4
 IRVING, TX 75039-2607

INT 31 25



R400099000000306000000184689

Pay only one of the amounts above
 Prior years not included
 Discounts or P & I have been applied

APPAISED VALUE ASSESSED VALUE		APPAISED / ASSESSED VALUE IMPROVEMENTS	AGRICULTURE VALUE	TAXABLE VALUE BEFORE EXEMPTIONS	±EXEMPTIONS	MTG/AGT CODE	BILL NUMBER
PERSONAL 41,042		0	0	41,042		889	112561
TAXING UNIT CODE	TAXING UNITS	ASSESSED VALUE (100% RATIO)	TOTAL EXEMPTIONS	NET TAXABLE VALUE	TAX RATE (PER \$100)	LATE APPLICATION PENALTY	TAX AMOUNT DUE
CML	CITY OF MCALLEN	41,042		41,042	0.449989		184.68
1/2% Sales Tax Reduced		CITY TAXES BY \$ 75.97		Total Property Taxes:			184.68

Property owners who qualify for an Over 65 or Homestead, Disabled and/or Disabled Veterans Exemption may qualify for our Quarterly Payment Plan. To qualify for this plan, you must notify our office and make the 1st installment no later than January 31st. For more information, please contact our office.

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 COUNTY APPRAISAL DISTRICT AT (956) 381-8466

Property ID Number	R400099000000306
Situs Location	
316 E BUS HWY 83 MCALLEN 78501	
Legal Description	
IN ¹ Estimated 2025 Taxes:	IPMENT AT 316 E US HWY 83/
NE \$ <u>184.68</u>	
Account Total:	
\$ <u>184.68</u>	

EXHIBIT 2Page 1 of 1

Pay To: City of McAllen Tax Office
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 McAllen, TX 78501
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PENALTY--INTEREST & COLLECTION FEES RESULTING FROM
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FEB, ADD 7%	MAY, ADD 13%	AUG, ADD 19% + 15%
MAR, ADD 9%	JUN, ADD 15%	SEP, ADD 20% + 15%
APR, ADD 11%	JUL, ADD 18% + 15%	OCT, ADD 21% + 15%

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