

**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 Texas

Case number 25-33487

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return

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? Carlos Andres Chaves Perdomo  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Carlos Andres Chaves Perdomo

2. Has this claim been acquired from someone else?  No  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)
Name <u>Carlos Chaves</u>	Name _____
Street <u>10514 Firewood Way</u>	Street _____
Number <u>Midlothian</u>	Number _____
State <u>TX</u>	State _____
ZIP Code <u>76065</u>	ZIP Code _____
Contact phone <u>817-983-2973</u>	Contact phone _____
Contact email <u>carlos_chaves@att.net</u>	Contact email _____

Uniform claim identifier (if you use one): \_\_\_\_\_

4. Does this claim amend one already filed?  No  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?  No  Yes. Who made the earlier filing? \_\_\_\_\_

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**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?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 31,731.04. Does this amount include interest or other charges?  
 No  
 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.  
Unpaid Wages, Accrued PTO, and WARN Act Damages

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 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.)

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.)

Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) \_\_\_\_\_%

Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_

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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.

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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).

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).

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)(X) that applies.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 17,150.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 14,581.04

\* 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 12/28/2025  
MM / DD / YYYY

Signature

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

Name Carlos Andres Chaves Perdomo  
First name Middle name Last name  
Title Former Employee  
Company \_\_\_\_\_

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

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Address

10514 Firewood Way

Number Street

Midlothian

City

TX 76065

State ZIP Code

Contact phone

817-983-2973

Email carlos\_chaves@att.net

CO: FILE: DEPT: CLOCK: VCHR. NO: 576  
 BTD 000437 C19007 XN50K 0000370202 1

# Earnings Statement



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

Period Beginning: 09/01/2025  
 Period Ending: 09/15/2025  
 Pay Date: 09/09/2025

Filing Status: Married filing jointly  
 Exemptions/Allowances:  
 Federal: Standard Withholding Table,\$300 Extra Withholding

**CARLOS A CHAVES PERDOMO**  
 10514 FIREWOOD WAY  
 MIDLOTHIAN TX 76065

Earnings	rate	salary/hours	this period	year to date
Dental allowance			14.06	239.02
Gas Allowance			80.00	1,360.00
Med allowance			37.49	637.33
Reg			3,795.29	3,795.29
Regular				101,796.74
Bonus				65,000.00
<b>Gross Pay</b>			<b>\$3,926.84</b>	<b>172,828.38</b>

Your federal taxable wages this period are  
 \$3,811.73

Other Benefits and Information	this period	total to date
Safe H	157.07	6,913.17

Deductions	Statutory	Other		year to date
	Federal Income Tax		-587.55	38,140.41
	Social Security Tax		-236.33	10,618.79
	Medicare Tax		-55.27	2,483.43
	Medical		-45.69*	744.43
	Mep 401K Loan 1		-189.12	1,031.64
	Met Trm Lif Ee		-26.25	446.25
	Roth 401K Mep		-235.61	10,369.65
	Ts Dental		-62.50*	695.50
	Ts Vision		-6.92*	117.64
	Cell Phone			-800.00
<b>Net Pay</b>			<b>\$2,481.60</b>	
Checking			-2,481.60	108,980.64
<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: SALARY

### Additional Tax Withholding Information

Exemptions/Allowances:  
 TX: No State Income Tax

\* Excluded from federal taxable wages

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

Advice number: 00000370202  
 Pay date: 09/09/2025

Deposited to the account of	account number	transit ABA	amount
CARLOS A CHAVES PERDOMO	xxxxx9137	xxxx xxxx	\$2,481.60

THIS IS NOT A CHECK

**NON-NEGOTIABLE**

CLAIMANT: Carlos Andres Chavès Perdomo

DEBTOR: Tricolor Holdings, LLC

CASE NO: 25-33487

BASIS OF CLAIM:

This claim represents unpaid wages, accrued but unused Paid Time Off (PTO), and damages pursuant to the Worker Adjustment and Retraining Notification Act (WARN Act), 29 U.S.C. § 2101 et seq., due to the Debtor's termination of my employment without the required 60 days' written notice.

### **I. CALCULATION OF RATES**

- **Annual Salary:** \$150,000.00
- **Weekly Rate:** \$2,884.62
- **Daily Work Rate:** \$576.92 (Based on 5 working days)
- **Hourly Rate:** \$72.12 (\$2,884.62 / 40 hours)

### **II. CALCULATION OF DAMAGES**

#### **A. WARN Act Damages (60-Day Violation)**

Because the Debtor failed to provide 60 days' notice prior to the September 4, 2025 termination, I am entitled to back pay for the violation period.

- Calculation: 44 Working Days × \$576.92/day
- **Subtotal (WARN): \$25,384.48**

#### **B. Accrued and Unused PTO**

At the time of termination, I had accrued 88 hours of unused Paid Time Off.

- Calculation: 88 Hours × \$72.12/hour
- **Subtotal (PTO): \$6,346.56**

### III. TOTAL CLAIM SUMMARY

Category	Amount
<b>TOTAL CLAIM AMOUNT (A + B)</b>	<b>\$31,731.04</b>
<b>Less: Priority Amount (11 U.S.C. § 507(a)(4))</b>	<b>(\$17,150.00)</b>
<b>REMAINDER (General Unsecured Claim)</b>	<b>\$14,581.04</b>



Carlos Chaves

10514 Firewood Way

Midlothian TX, 76065

817-983-2973

carlos\_chaves@att.net