Fill in this information to identify the case:

Debtor Tricolor Holdings, LLC

United States Bankruptcy Court for the: Northern District of Texas (State)

Case number 25-33487

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 or 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?**

Beatriz Chavez

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?**

☑ 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)
Beatriz Chavez 8940 Puerto Vista Dr Fort Worth Fort Worth, Texas 76179, Tarrant	
Contact phone 2143941918	Contact phone
Contact email betychavez2487@gmail.com	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?

25334872609160000000000001

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?** $ 6801.41 . **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.

Former Employee Compensation

9. **Is all or part of the claim secured?**

☑ No

☐ Yes. The claim is secured by a lien on property.

Nature or property:

☐ Real estate: If the claim is secured by the debtor's principle 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 amount 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: _____

25334872609160000000000001

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 all that apply:*

	Amount entitled to priority
☐ 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).	$ 5380.31
☐ 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)(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 acknowledgement 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 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 09/16/2026
MM / DD / YYYY

/s/Beatriz Chavez
Signature

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

Name: Beatriz Chavez
First name Middle name Last name

Title: Former Employee

Company: Tricolor Holdings LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

25334872609160000000000001

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1783 | International (310) 751-2683

Debtor:
25-33487 - Tricolor Holdings, LLC
District:
Northern District of Texas, Dallas Division

Creditor:
Beatriz Chavez
8940 Puerto Vista Dr
Fort Worth
Fort Worth, Texas, 76179
Tarrant
Phone:
2143941918
Phone 2:
Fax:
Email:
betychavez2487@gmail.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Creditor

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Former Employee Compensation

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
6801.41

Includes Interest or Charges:
No

Has Priority Claim:
Yes

Priority Under:
11 U.S.C. §507(a)(4): 5380.31

Has Secured Claim:
No
Based on Lease:
No
Subject to Right of Setoff:
No

Nature of Secured Amount:
Value of Property:
Annual Interest Rate:
Arrearage Amount:
Basis for Perfection:
Amount Unsecured:

Submitted By:
Beatriz Chavez on 16-Sep-2026 4:41:26 p.m. Pacific Time
Title:
Former Employee
Company:
Tricolor Holdings LLC

VN: 0FD66398F524C162D4B4AC2D433C58A4

Beatriz Chavez
8940 Puerto Vista Dr, Fort Worth, TX 76179
214-394-1918
Betychavez2487@gmail.com

9/16/2026

To the Bankruptcy Trustee / Claims Administrator
United States Bankruptcy Court for the Northern District of Texas
In re: Tricolor Holdings, LLC, et al.
Case No. 25-33487

SUBJECT: Unpaid Employee Wage Claim Explanation (Official Form 410)

To Whom It May Concern,

I am submitting this letter as a supporting attachment to my Proof of Claim (Form 410) for unpaid compensation owed to me as a former salaried employee of Tricolor Holdings, LLC in Texas.

My regular gross base salary was $3,158.00 per bi-weekly pay period, equal to $39.475 per hour based on an 80-hour pay period. For my final pay period, I received only $1,868.84, leaving an unpaid regular salary balance of $1,289.16.

Below is the itemized breakdown of the gross amounts currently owed to me by the Debtor:

Unpaid Balance of Regular Salary Check

- **Gross Amount Owed:** $1,289.16
- **Description:** Remaining unpaid balance of my final regular salaried pay period.

Earned August Performance Bonus

- **Gross Amount Owed:** $1,170.00
- **Description:** Earned August performance bonus, scheduled for my September 15 payroll check, which was not issued.

Accrued and Unused Vacation Time

- **Hours Accrued:** 74 Hours
- **Calculation:** 74 hours x $39.475/hour
- **Gross Amount Owed:** $2,921.15
- **Description:** Vacation time accrued through regular service but unused at separation.

Accrued and Unused Sick Time

- **Hours Accrued:** 36 Hours
- **Calculation:** 36 hours x $39.475/hour
- **Gross Amount Owed:** $1,421.10
- **Description:** Remaining accrued sick leave balance at termination.

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	576
BXC	000071	C92504	XN50K	0000370014	1

Earnings Statement

TRICOLOR AUTO ACCEPTANCE 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

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 2
TX: No State Income Tax

BEATRIZ CHAVEZ
8940 PUERTO VISTA DRIVE
FORT WORTH TX 76179

Earnings	rate	salary/hours	this period	year to date
Reg			1,868.84	1,868.84
Regular				49,955.00
Bonus				8,378.67
Spiffs				1,000.00
Gross Pay			**$1,868.84**	61,202.51

Deductions	Statutory		
Federal Income Tax	-125.51		6,972.06
Social Security Tax	-112.21		3,727.54
Medicare Tax	-26.24		871.76
Other			
Medical	-29.80*		481.10
Met Trm Lif Ch	-0.30		2.10
Met Trm Lif Ee	-1.75		29.75
Met Trm Lif Sp	-2.00		34.00
Ts Dental	-26.02*		544.94
Ts Vision	-3.23*		54.91
401K Mep	-56.07*		1,836.11
Net Pay	**$1,485.71**		
Checking	-985.71		38,148.24
Checking 2Nd	-500.00		8,500.00
Net Check	**$0.00**		

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $1,753.72

Other Benefits and Information	this period	total to date
Safe H	56.07	1,836.11

Important Notes

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

BASIS OF PAY: SALARY

© 2000 ADP, Inc.

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

Advice number: 00000370014
Pay date: 09/09/2025

THIS IS NOT A CHECK

Deposited to the account of	account number	transit ABA	amount
BEATRIZ CHAVEZ	xxxxxxxx8342	xxxx xxxx	$985.71
	xxxxxxxx0214	xxxx xxxx	$500.00

NON-NEGOTIABLE