

Fill in this information to identify the case

Debtor 1 On The Border Holdings

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

Case number 25-52415

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

Official Form 410

Proof of Claim

12/24

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>Alliance Tax Consultants</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? <u>Alliance Tax Consultants</u> Name _____ <u>PO Box 151737</u> Number _____ Street _____ <u>Austin</u> Tx <u>78715</u> City _____ State _____ ZIP Code _____ Contact phone <u>512-426-4839</u> Contact email <u>dan@alliancetaxconsultants.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____
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Uniform claim identifier (if you use one): _____		
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? _____	



255241525042200000000010

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? \$ 27,875.00 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.

Services performed _____

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.)

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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: _____

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).

Amount entitled to priority

\$ _____

☐ Up to \$3,350* 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 \$15,150*) 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)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 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.

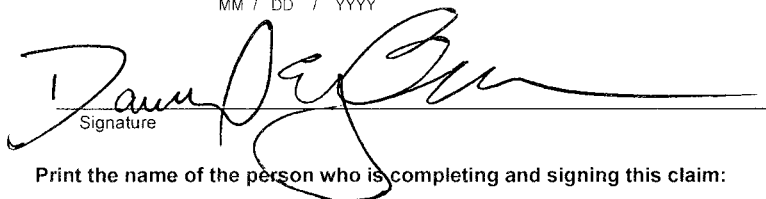
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 03/19/2025

MM / DD / YYYY


Signature

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

Name Daniel Eugene Johnson
First name Middle name Last name

Title Owner

Company Alliance Tax Consultants
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address Po Box 151737
Number Street

Austin Tx 78715
City State ZIP Code

Contact phone 512-426-4839 Email dan@alliancetaxconsultants.com

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APR 22 2025

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P.O. Box 151737

Austin, TX 78715

To Whom it Concerns,

We were hired to perform a Sales Tax Recovery and submitted our invoice one day prior to OTB filing for Chapter 11.

I have included a self-addressed stamped envelope so we could get a copy of the claim returned to us as proof of receipt.

I have also included a copy of our invoice. Further back-up documentation supporting the invoice is available on request.

Thank you,

Dan Johnson



INVOICE

INVOICE # 2596

DATE 03/02/2025

DUE DATE 03/06/2025

TERMS Due on receipt

BILL TO

Tara Sauernheimer
On The Border Mexican Grill &
Cantina
2201 W. Royal Lane
Suite 240
Irving, TX 75063

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	AMOUNT
Audit	531.26
Audit Result \$1,770.86 #0002 Arlington	
Audit	1,265.33
Audit Result \$4,217.77 #0004 Irving	
Audit	571.85
Audit Result \$1,906.16 #0006 Garland	
Audit	474.41
Audit Result \$1,581.36 #0016 S, Arlington	
Audit	632.99
Audit Result \$2,109.97 #0017 Lewisville	
Audit	754.65
Audit Result \$2,515.48 #0035 Bedford	
Audit	468.23
Audit Result \$1,560.75 #0048 College Station	
Audit	848.98
Audit Result \$2,829.93 #0050 Tyler	
Audit	563.67
Audit Result \$1,878.91 #0054 Lubbock	
Audit	855.22
Audit Result \$2,850.74 #0066 Waco	
Audit	603.81
Audit Result \$2,012.69 #0081 Preston 121	
Audit	699.95
Audit Result \$2,333.15 #0086 Pleasant Run	
Audit	902.20
Audit Result \$3,007.33 #0092 Fossil Creek	
Audit	1,246.23
Audit Result \$4,154.10 #0097 Mesquite	

ACTIVITY

AMOUNT

Audit	1,208.65
Audit Result \$4,028.84 #0102 Bryant Irvin	
Audit	917.32
Audit Result \$3,057.73 #0107 Rockwall	
Audit	856.56
Audit Result \$2,854.19 #0108 Valley Ranch	
Audit	1,021.94
Audit Result \$3,406.47 #0128 Burleson	
Audit	1,260.77
Audit Result \$4,202.56 #0129 Allen	
Audit	1,281.64
Audit Result \$4,272.12 #0150 Wichita Falls	
Audit	808.23
Audit Result \$2,694.11 #0155 Denton	
Audit	1,238.74
Audit Result \$4,129.13 #0178 Mansfield	
Audit	754.47
Audit Result \$2,514.90 #0181 Texarkana	
Audit	877.89
Audit Result \$2,926.31 #0183 Weatherford	
Audit	1,292.50
Audit Result \$4,308.34 #0192 Addison	
Audit	509.30
Audit Result \$1,697.66 #0218 Firewheel	
Audit	575.42
Audit Result \$1,918.05 #0219 McKinney	
Audit	742.93
Audit Result \$2,476.44 #0221 Grand Prairie	
Audit	902.85
Audit Result \$3,009.49 #0222 Willowbend	
Audit	864.67
Audit Result \$2,882.23 #0238 Roanoke	
Audit	495.20
Audit Result \$1,650.66 #0240 Lake Worth	
Audit	696.93
Audit Result \$2,323.09 #0243 Longview	
Audit	804.54
Audit Result \$2,681.81 #0250 Corpus Christi	
Audit	345.70
Audit Result \$1,152.33 #0253 Cedar Hill	

Remit Payment to: Alliance Tax Consultants
PO Box 151737
Austin, TX 78715

BALANCE DUE

\$27,875.03

We appreciate your business!!!