

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN - 3 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

04/16

Official Form 410
Proof of Claim

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?

DWIGHT A. DELONG
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?

DWIGHT A DELONG

Name

9065 3rd Ave

Number

Street

Pleasant Prairie WI 53158

City

State

ZIP Code

Contact phone

262 697 7970

Contact email

delongdwight@yahoo.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier for electronic payments in chapter 13 (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? _____

6. Do you have any number you use to identify the debtor? Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 12,850.00 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.

UNPAID VACATION PAY AND ACCRUED VACATION PAY

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: _____

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$2,850* 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 \$12,850* 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). \$ 12,850.00
- 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 4/01/19 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 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 29 2018
MM / DD / YYYY

Dwight DeLong
Signature

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

Name DWIGHT ALAN DeLONG
First name Middle name Last name

Title _____

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

Address 9065 3rd Avenue
Number Street

Pleasant Prairie WI 53158
City State ZIP Code

Contact phone 262 351 6724 E-mail delongdwight@

YAHOO.COM

Accruals History Report

VACATION

Employee: Dwight A. DeLong
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
11/07/2018 11:34a	Time Entry (Deleted)	11/12/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/15/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/09/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/14/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/16/2018	-	-1.00			Julie A. Cwik	389
11/07/2018 11:34a	Time Entry (Deleted)	11/13/2018	-	-1.00			Julie A. Cwik	389
10/23/2018 02:35p	Time Entry (Deleted)	10/26/2018	-	-1.00			Julie A. Cwik	389
10/23/2018 02:35p	Time Entry (Deleted)	10/24/2018	-	-1.00			Julie A. Cwik	389
10/23/2018 02:35p	Time Entry (Deleted)	10/25/2018	-	-1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/16/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/15/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/14/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/13/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/12/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	11/09/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	10/26/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	10/25/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:54p	Time Entry	10/24/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:51p	Time Entry	10/05/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:51p	Time Entry	10/04/2018	-	1.00			Julie A. Cwik	389
09/24/2018 01:51p	Time Entry	10/03/2018	-	1.00			Julie A. Cwik	389
08/24/2018 01:27p	Time Entry	08/24/2018	-	1.00			Julie A. Cwik	389
08/24/2018 01:27p	Time Entry	08/23/2018	-	1.00			Julie A. Cwik	389
08/24/2018 01:27p	Time Entry	08/22/2018	-	1.00			Julie A. Cwik	389
08/24/2018 01:27p	Time Entry	08/10/2018	-	1.00			Julie A. Cwik	389
08/24/2018 01:27p	Time Entry	08/09/2018	-	1.00			Julie A. Cwik	389
08/24/2018 01:27p	Time Entry	08/08/2018	-	1.00			Julie A. Cwik	389
07/03/2018 03:26p	Time Entry	07/06/2018	-	1.00			Julie A. Cwik	389
07/03/2018 03:26p	Time Entry	07/05/2018	-	1.00			Julie A. Cwik	389
07/03/2018 03:26p	Time Entry	07/03/2018	-	1.00			Julie A. Cwik	389
05/06/2018 03:04a	Automatic Accruals Execution	05/06/2018 - 05/06/2019	15.00	-	05/06/2019		System Administrator	
05/06/2018 03:04a	Carry Over Rule	05/06/2018	15.00	-	05/06/2018		System Administrator	
05/06/2018 03:04a	Carry Over Rule Prev Year Adjustment	05/06/2018	-15.00	-	05/06/2018		System Administrator	
05/05/2018	Manual Information Modification	05/05/2018	-	-	05/06/2018	Correct Updated To Date	System Administrator	
05/05/2017	Manual Information Modification	05/05/2017	-	-	05/06/2017	Correct Updated To Date	System Administrator	
08/12/2017	Manual Information Modification	08/12/2017	-	-	08/13/2017	Correct Updated To Date	System Administrator	
08/13/2017	Initial Import Adjustment	08/13/2017	15.00	-	06/20/2018		System Administrator	

VACATION REPORT

DAYS AUTHORIZED 30 day

DAYS TAKEN 12 days

UNUSED VACATION 18 days or 144 hours

VACATION PAID ON LAST CHECK 11.5

D. R. RERENCE 132.5 hours unpaid

hourly wage \$90.19

30.00

12.00

ELIM amount 132.5 hours x 90.19/hr = \$ 11,950.18

VACATION TIME RECEIVED SINCE MAY 6 AND NEVER USED

SERV MAY 6 thru Oct 23 = 20 weeks

20 x 1,288.40 = 25,768.00

40 hours x 90.19 = 3,607.60

total vacation claim 16,098.92

Sorted By: Added Descending

VACATION PAY STATEMENT - DWIGHT DELONG

30 DAYS VACATION AUTHORIZED

12 DAYS " TAKEN

Difference 18 DAYS OWED = 144 hours $18 \times 8 = 144$

VACATION PAID ON LAST PAYCHECK 11.5 hours

UNPAID VACATION 132.5 hours

Hourly Pay RATE \$ 90.19/hour

UNPAID VACATION $132.5 \times \$90.19 = \$11,950.18$

ANNIVERSARY DATE MAY 6, 1994

Last day of employment Oct 22, 2018

VACATION TIME ACCRUED = 20 weeks $\times .28846 = 5.76$ weeks

* Hours of vacation pay accrued $5.76 \times 8 \text{ hour/day} = 46$ hours

$46 \text{ hours} \times 90.19/\text{hr} = \$4148.874^{00} (4148.74)$

Total Claim For Vacation

UNPAID 132.5 hours @ 90.19/hr = 11,950.18

ACCRUED VACATION pay since MAY 6

46 hours @ 90.19/hr = 4148.74

Total 16,098.92

Claim limits \$ 12,850.00

Total Claim \$ 12,850.00

Earnings	Rate	Time	Current	YTD
REG	90.19	16:00		4,376.94
SAL		16:00	1,443.08	1,443.08
SICK		1608:00		175,606.07
VAC		16:00		1,635.39
VAC		96:00		9,812.32
VAC	90.19	11:50	1,067.28	1,067.28
Gross Pay			2,510.36	193,941.08

Company Paid Benefits	Current	YTD
MED125		4,003.45
FUTA	187.77	
FICA		42.00
MEDI		7,960.80
SUTA:IL	34.70	2,753.09
Total	222.47	14,827.38

Deductions	Current	YTD
401k		13,400.13 ¹
DENTAL125		198.79 ²
FSA MED 125	8.93	550.00 ²
LTD		1,092.74 ²
MED125	105.48	3,259.40 ²
VISION125	2.81	64.63 ²
VOL ACCIDENT	7.01	161.23
Total	124.23	18,726.92

Tax Allowance Settings	
Federal:	Single/1 +700.00
Wisconsin:	Allowances: 1
	Filing Status: S

Taxes Withheld	Taxable	Taxable YTD	Current	YTD
FIT	2,393.14	176,468.13	1,003.89	54,964.93
FICA		128,400.00		7,960.80
MEDI	2,393.14	189,868.26	34.70	2,753.09
SIT:WI	2,393.14	176,468.13	137.54	10,781.65
Total			1,176.13	76,460.47
Net Pay			1,210.00	98,753.69

Checking (2866)	1,200.00	27,600.00
Savings (0680)	10.00	71,153.69

¹ Reduces your Federal & State Withholding Taxable Wage
² Reduces your Federal Withholding, OASDI & Medicare Taxable Wage
³ For information purposes only. No effect on your net pay.

HOBO Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

HOBO Group - Multi-EIN
 2650 Belvidere Road
 Waukegan, IL 60085

Pay Date: 11/09/2018
Voucher #: (30777)

Deposited To The Account(s) Of

Dwight A. DeLong	Deposit #	Account Type	Account #	Transit ABA	Deposit
CORP 410 11/09/2018 (30777)	1	Checking	XXXX2866	075911988	1,200.00
Dwight A. DeLong	2	Savings	XXXX0680	075911988	10.00
9065 3rd Ave					1,210.00
Pleasant Prairie, WI 53158					

NON-NEGOTIABLE - THIS IS NOT A CHECK

HOBO Group - Multi-EIN
 2650 Belvidere Road
 Waukegan, IL 60085

CORP 410 11/09/2018 (30777)
Dwight A. DeLong
 9065 3rd Ave
 Pleasant Prairie, WI 53158

PERSONAL & CONFIDENTIAL

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:** 01/28/2019
Trustee: **Last Date to file (Govt):** 04/23/2019

<p><i>Creditor:</i> (27198435) DWIGHT DELONG 9065 3RD AVENUE PLEASANT PRAIRIE, WI 53158</p>	<p>Claim No: 44 <i>Original Filed</i> <i>Date:</i> 01/03/2019 <i>Original Entered</i> <i>Date:</i> 01/03/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Kimetha Collier <i>Modified:</i></p>
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Amount claimed: \$12850.00
 Priority claimed: \$12850.00

History:
[Details](#) [44-1](#) 01/03/2019 Claim #44 filed by DWIGHT DELONG, Amount claimed: \$12850.00 (Collier, Kimetha)

Description:
Remarks:

Claims Register Summary

Case Name: Morgan Administration, Inc.
Case Number: 18-30039
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$12850.00
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$12850.00	
Administrative		