

Fill in this information to identify the case:

Debtor 1 Morgan Administration, Inc.Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30039

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN 14 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

Official Form 410

Proof of Claim

04/16

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

Who is the current creditor?

Michael Tuck

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

Mike Tuck

Has this claim been acquired from someone else?

☒ No☐ Yes. From whom?

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?

Michael Tuck

Name

615 Westbury Ln Unit B

Number

Street

Delavan WI 53115

City

State

ZIP Code

Contact phone

262 865-0080

Contact email

mtfreedom@chartr.net

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):

Does this claim amend one already filed?

☐ No☒ Yes.

Claim number on court claims registry (if known)

38

Filed on

12/24/2018
MM / DD / YYYY

Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ 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 identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4200
7. How much is the claim? \$ 6431.04 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 Vacation wages
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: _____

2. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No☒ Yes. Check one:

Amount entitled to priority

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).

\$ 6432.04

☐ 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 1/08/2019
MM / DD / YYYY

Michael Tuck
Signature

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

Name Michael S Tuck
First name Middle name Last name

Title _____

Company _____

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

Address 615 Westbury Ln Unit B
Number Street

Dalavan WI 53115
City State ZIP Code

Contact phone 262 865-0080 Email mtfreedom@charter.net

HOB0
 12:57 PM (CDT) REQUEST TIME OFF

Back Home My Account My Time Off Request Request Time Off

Time Off

Time Off

REQUEST TYPE

Full Day

Date

Partial Day (Start/Stop)

Date

Partial Day (Bulk)

Date

Multiple Days

From

To

Total Hours Per Day

Auto Populate Day

Auto Populate 1/2 Day

COMMENTS

Balances

TIME OFF	ACCURUED TO	CURRENT ACCURUED	TAKEN	CURRENT BALANCE
Sick	02/22/2019	Days: 10.00	6.00	4.00
Vacation	02/22/2019	Days: 27.00	2.00	25.00

Approvers

Julie M. Traub
 Julie A. Cwik
 Michael J. Earl
 Michael J. Earl
 Julie A. Cwik
 Jerome W. Jurewicz

Recent Requests

Flows On Page 100 No Rows

Request State

Time Off

Date

From

To

Time

Date

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Create Employ
2/2018 10:22a	Time Entry	03/30/2018	-	1.00			Julie A. Cwik	389
2/2018 10:22a	Time Entry	03/29/2018	-	1.00			Julie A. Cwik	389
2/2018 03:04a	Automatic Accruals Execution	02/22/2018 - 02/22/2019	15.00	-	02/22/2019		System Administrator	
2/2018 03:04a	Carry Over Rule	02/22/2018	12.00	-	02/22/2018		System Administrator	
2/2018 03:04a	Carry Over Rule Prev Year Adjustment	02/22/2018	-12.00	-	02/22/2018		System Administrator	
2/2018 04:34p	Time Entry	01/15/2018	-	1.00			Julie A. Cwik	389
1/2017 11:21a	Time Entry	12/08/2017	-	1.00			Julie A. Cwik	389
1/2017 01:08p	Manual Information Modification	02/21/2018	-	-	02/22/2018	Correct Updated To Date	System Administrator	
1/2017 01:07p	Manual Information Modification	02/21/2017	-	-	02/22/2017	Correct Updated To Date	System Administrator	
1/2017 12:43p	Manual Information Modification	08/12/2017	-	-	08/13/2017	Correct Updated to Date	System Administrator	
2/2017 08:59a	Initial Import Adjustment	08/13/2017	18.00	-	07/02/2018		System Administrator	
1/2017 04:12p	Time Entry	09/29/2017	-	1.00			Julie A. Cwik	389
1/2017 04:12p	Time Entry	09/28/2017	-	1.00			Julie A. Cwik	389
1/2017 04:12p	Time Entry	09/27/2017	-	1.00			Julie A. Cwik	389
1/2017 04:12p	Time Entry	09/26/2017	-	1.00			Julie A. Cwik	389
1/2017 03:05a	Automatic Accruals Execution	02/22/1999 - 02/22/2000	-	-	02/22/2000		System Administrator	
rt Total			33.00	8.00				

d By Added Descending

Bradenton



CORP						Pay Period: 10/07/2018-10/20/2018	
Earnings						Company Paid Benefits	
Rate	Hours	YTD	Current	YTD	Current	YTD	
HOL		40:00		1,461.55		3,642.24	
Retr	36.54	80:00	80:00	2,923.08		42.01	
SAL		1472:00		53,784.64	181.23	3,954.19	
SICK		64:00		2,338.48	42.38	924.77	
VAC		24:00		876.93		68.02	
VAC		104:00		3,800.00			
Gross Pay			2,923.08	65,184.68	223.61	8,631.23	
Deductions						Tax Allowance Settings	
	Current	YTD					
401k		1,897.03			Federal:	Single/2	
DENTAL125		342.30			Wisconsin:	Allowances: 2	
Loan 401K		2,579.64				Filing Status: S	
MED125		1,065.12					
ROTH 401k		1,186.74					
Total	0.00	7,070.83					
Taxes Withheld							
Taxable	Taxable YTD	Current	YTD				
FIT	2,923.08	61,880.23	385.37	8,096.86			
FICA	2,923.08	63,777.26	181.23	3,954.19			
MEDI	2,923.08	63,777.26	42.38	924.77			
SIT:WI	2,923.08	61,880.23	170.02	3,588.24			
Total			779.00	16,564.06			
Net Pay			2,144.08	41,549.79			
Check		2,144.08	2,144.08				
Savings (0080)		0.00	6,690.00				
Checking (1393)		0.00	32,715.71				

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.

Morgan Administration Inc. 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

Morgan Administration Inc.
 2650 Belvidere Road
 Waukegan, IL 60085

M B FINANCIAL BANK

Check Date: 10/15/2018

Check #: 10002

Pay To The

Order Of: Michael Tuck

Amount: Two Thousand One Hundred Forty Four Dollars and 08/100 Cents

\$ 2,144.08

Michael Tuck

615 Westbury Ln Unit B
Delavan, WI 53115

Authorized Signature

Morgan Administration Inc.
 2650 Belvidere Road
 Waukegan, IL 60085

CORP 385 10/15/2018 10002

Michael Tuck
 615 Westbury Ln Unit B
 Delavan, WI 53115

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

Creditor: (27445131)

Claim No: 73

Status:

MICHAEL TUCK

Original Filed

Filed by: CR

615 WESTBURY LANE UNIT

Date: 01/14/2019

Entered by: Kimetha Collier

B

Original Entered

Modified:

DELAN, WI 53115

Date: 01/14/2019

Amount claimed: \$6431.04

Priority claimed: \$6431.04

History:

[Details](#) [73-1](#) 01/14/2019 Claim #73 filed by MICHAEL TUCK, Amount claimed: \$6431.04 (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*	\$6431.04
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	\$6431.04	
Administrative		