

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 DivCase 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

1. Who is the current creditor?

Diane R Myers

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?

Diane R Myers

Name

20307 15th Street

Number

Street

Union Grove, WI 53182

City

State

ZIP Code

Contact phone 262-770-7679Contact email myers9878@aol.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) _____

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

☒ No☐ Yes. Who made the earlier filing? _____

Filed on

MM / DD / YYYY

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: 8587

7. How much is the claim?

\$ 1807.58

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.

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: _____

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

☐ No☒ Yes. Check one:

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).

Amount entitled to priority

\$ _____

☐ 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).

\$ 1807.58

☐ 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:

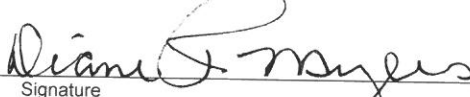
☒ I am the creditor.☐ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 01/08/2019
MM / DD / YYYY


Signature

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

Name

First name

Middle name

Last name

Title

Company

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

#374 - Diane Myers CORP		Voucher # (30787)		Pay Date: 11/09/2018 Pay Period: 10/21/2018-11/03/2018	
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Earnings					
	Rate	Hours	YTD	Current	YTD
HOL			46:00		927.50
OT			18:15		571.97
REG	21.00	24:10	1382:09	507.50	28,293.81
SICK			107:00		2,115.75
TRA			1:43		33.05
VAC			149:00		2,980.25
VAC	21.00	27:37	27:37	579.95	579.95
Gross Pay				1,087.45	35,502.28

Deductions		
	Current	YTD
401k		1,376.59 ¹

Taxes Withheld				
	Taxable	Taxable YTD	Current	YTD
FIT	1,087.45	34,125.69	106.09	3,647.08
FICA	1,087.45	35,502.28	67.42	2,201.14
MEDI	1,087.45	35,502.28	15.76	514.78
SIT:WI	1,087.45	34,125.69	46.82	1,716.87
Total			236.09	8,079.87

Net Pay		
	Current	YTD
Checking (4238)	500.00	11,500.00
Checking (6035)	351.36	14,545.82

Company Paid Benefits		
	Current	YTD
FUTA		42.01
-- More --		

FICA

MEDI

SUTA:IL

Total

Current

YTD

67.42

15.76

68.04

83.18

2,825.97

Tax Allowance Settings	
Federal:	Married, Whld At Hghr Rt./0
Wisconsin:	Allowances: 0
	Filing Status: S

¹ Reduces your Federal & State Withholding Taxable Wage

² 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 #: (30787)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Diane Myers	1	Checking	XX4238	075907002	500.00
CORP 374 11/09/2018 (30787)	2	Checking	XX6035	075907002	351.36
Diane Myers 20307 15th St Union Grove, WI 53182					851.36

NON-NEGOTIABLE - THIS IS NOT A CHECK

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

CORP 374 11/09/2018 (30787)

Diane Myers
 20307 15th St
 Union Grove, WI 53182

PERSONAL & CONFIDENTIAL

Accruals History Report

Employee: Diane Myers
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
07/27/2018 07:28a	Time Entry (Deleted)	08/03/2018	-	-1.00			Diane Myers	374
07/20/2018 09:27a	Time Entry	08/03/2018	-	1.00			Julie A. Cwik	389
07/20/2018 09:27a	Time Entry	08/02/2018	-	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
07/03/2018 03:26p	Time Entry	07/02/2018	-	1.00			Julie A. Cwik	389
07/03/2018 03:26p	Time Entry	05/04/2018	-	1.00			Julie A. Cwik	389
07/03/2018 03:26p	Time Entry	05/02/2018	-	1.00			Julie A. Cwik	389
07/03/2018 03:26p	Time Entry	05/03/2018	-	1.00			Julie A. Cwik	389
05/02/2018 02:57a	Automatic Accruals Execution	05/02/2018 - 05/02/2019	15.00	-	05/02/2019		System Administrator	
05/02/2018 02:57a	Carry Over Rule	05/02/2018	-	- 05/02/2018			System Administrator	
05/02/2018 02:57a	Carry Over Rule Prev Year Adjustment	05/02/2018	-	- 05/02/2018			System Administrator	
04/06/2018 01:50p	Time Entry	03/26/2018	-	0.50			Julie A. Cwik	389
04/06/2018 01:50p	Time Entry	03/27/2018	-	0.25			Julie A. Cwik	389
04/06/2018 01:50p	Time Entry	03/28/2018	-	0.25			Julie A. Cwik	389
04/06/2018 01:50p	Time Entry	03/29/2018	-	0.13			Julie A. Cwik	389
04/06/2018 10:35a	Time Entry	04/03/2018	-	0.25			Julie A. Cwik	389
04/06/2018 10:35a	Time Entry	04/04/2018	-	0.25			Julie A. Cwik	389
04/06/2018 10:35a	Time Entry	04/05/2018	-	0.25			Julie A. Cwik	389
04/06/2018 10:35a	Time Entry	04/06/2018	-	0.25			Julie A. Cwik	389
04/03/2018 02:49p	Time Entry	04/02/2018	-	1.00			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	03/20/2018	-	0.50			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	03/16/2018	-	1.00			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	03/15/2018	-	1.00			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	03/14/2018	-	1.00			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	03/23/2018	-	0.50			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	03/22/2018	-	0.50			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	03/21/2018	-	0.50			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry (Modified)	02/09/2018	-	-0.38			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	02/09/2018	-	1.00			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	01/05/2018	-	0.88			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	01/04/2018	-	1.00			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	12/07/2017	-	0.63			Julie A. Cwik	389
03/26/2018 11:01a	Time Entry	11/17/2017	-	1.00			Julie A. Cwik	389
03/26/2018 11:01a	Manual Information Modification	05/01/2018	-	- 05/02/2018		Correct Updated To Date	System Administrator	
03/26/2018 11:01a	Manual Information Modification	05/01/2017	-	- 05/02/2017		Correct Updated To Date	System Administrator	
03/26/2018 11:01a	Manual Information Modification	08/12/2017	-	- 08/13/2017		Correct Updated to Date	System Administrator	
03/26/2018 11:01a	Initial Import Adjustment	08/13/2017	14.25	- 06/21/2018			System Administrator	
03/26/2018 11:01a	Time Entry	10/09/2017	-	1.00			Julie A. Cwik	389

Sorted By: Added Descending

Brandon



Accruals History Report

Employee: Diane Myers
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
08/18/2017 02:32p	Time Entry	08/18/2017	-	1.00			Julie A. Cwik	389
Report Total			29.25	22.26				

Sorted By: Added Descending

Bradenton



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: (27444751)

Claim No: 71

Status:

DIANE R. MYERS

Original Filed

Filed by: CR

20307 15TH ST.

Date: 01/14/2019

Entered by: Kimetha Collier

UNION GROVE, WI

Original Entered

Modified:

53182

Date: 01/14/2019

Amount claimed: \$1807.58

Priority claimed: \$1807.58

History:

[Details](#) [71-1](#) 01/14/2019 Claim #71 filed by DIANE R. MYERS, Amount claimed: \$1807.58 (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*	\$1807.58
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	\$1807.58	
Administrative		