

_____ (Full Name) PLAINTIFF, V. _____ (Full Name) DEFENDANT.	This document is prepared by: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Atty for Plaintiff <input type="checkbox"/> Atty for Defendant _____ Name _____ Address _____ City, State, Zip Code _____ Telephone No.
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Employer: _____

Occupation (Job Title): _____

Address: _____

Length of Service: _____ months/years. Income Tax Withholding based on: _____ dependents.

INCOME

Gross income paid: monthly, 2 times per month, every 2weeks, weekly, or other: _____

Gross per pay period..... \$ _____ Per month....\$ _____

Payroll deductions per pay period:

Fed. income tax..... \$ _____

State income tax..... \$ _____

FICA (Social Security)..... \$ _____

Union dues..... \$ _____

a) Net per pay period..... \$ _____ Per month....\$ _____

Other:

Retirement/401 K..... \$ _____

Credit Union..... \$ _____

Direct Deposit..... \$ _____

Income Assignments..... \$ _____

Support Payments..... \$ _____

Medical Insurance..... \$ _____

b) Take home per pay period..... \$ _____ Per month.... \$ _____

Other regular monthly income (rental income, 2nd job, interest, child support, welfare, food stamps, and any other source).

Gross monthly receipt..... \$ _____

Taxes paid IRS and State on above... \$ _____

c) Total other income net..... \$ _____ Per month.... \$ _____

Total Monthly Income (Add per month from lines **a** and **c** above).... \$ _____

COURT USE ONLY

EXPENSES

Do not list expenses which are paid by payroll deduction.

Housing expenses per month:

Rent, mortgage, agreement of sale..... \$ _____

Insurance if not included above..... \$ _____

Real property taxes (if paid separately)..... \$ _____

Utilities, gas, water, electricity, phone, etc... \$ _____

Transportation expenses per month:

Car payment, lease, rental..... \$ _____

Insurance on vehicle..... \$ _____

Maintenance (repairs)..... \$ _____

Operating (gas, oil & tires)..... \$ _____

Total Housing and Transportation \$ _____

Debt service (all monthly payments, e.g. credit cards, charges, finance company, personal loans).... \$ _____

Personal Expenses per month:

Self

Children No. (____)

Food..... \$ _____

\$ _____

Clothing..... \$ _____

\$ _____

Medical and Dental..... \$ _____

\$ _____

Laundry & Cleaning..... \$ _____

\$ _____

Personal articles..... \$ _____

\$ _____

Recreation (movies, etc.)..... \$ _____

\$ _____

School (include food)..... \$ _____

\$ _____

Household..... \$ _____

\$ _____

Bus (on monthly basis)..... \$ _____

\$ _____

Other (_____)..... \$ _____

\$ _____

Payment to others for dependent care..... \$ _____

\$ _____

Sub-Total..... \$ _____

\$ _____

Total Personal Expenses..... \$ _____

Grand Total Expenses: Housing, Transportation, Debt & Personal..... \$ _____

Savings, <Deficiency>: Income minus Expenses..... \$ _____

