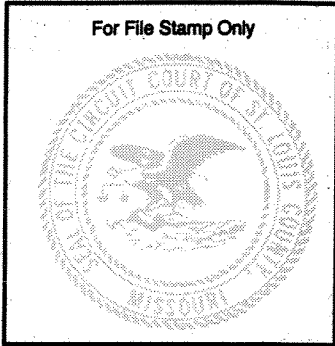


**IN THE FAMILY COURT OF ST. LOUIS COUNTY, MISSOURI**



\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Date

vs.

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Division

**STATEMENT OF INCOME AND EXPENSES OF**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**1. INCOME**

A. Name and address of employer \_\_\_\_\_  
\_\_\_\_\_

Gross Wages or Salary and Commission each Pay Period ..... \$ \_\_\_\_\_

PAID: \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Semi-monthly \_\_\_\_\_ Monthly

Number of Dependents Claimed \_\_\_\_\_

**Payroll Deductions:**

FICA (Social Security Tax) ..... \$ \_\_\_\_\_

Federal Withholding Tax ..... \$ \_\_\_\_\_

State Withholding Tax ..... \$ \_\_\_\_\_

City Earnings Tax ..... \$ \_\_\_\_\_

Union Dues ..... \$ \_\_\_\_\_

Others:

\_\_\_\_\_ ..... \$ \_\_\_\_\_

\_\_\_\_\_ ..... \$ \_\_\_\_\_

Total Deductions each Pay Period ..... \$ \_\_\_\_\_

Net Take Home Pay each Pay Period ..... \$ \_\_\_\_\_

**B. Additional Income from Rentals, Dividends and Business Enterprises, Social Security, A.F.D.C., V.A. Benefits, Pensions, Annuities, Bonuses, Commissions and all Other Sources (give monthly average and list sources of income).**

_____	.....	\$ _____
_____	.....	\$ _____
_____	.....	\$ _____
_____	.....	\$ _____
Average Monthly Total	.....	\$ _____
<b>C. Total Average Net Monthly Income</b>	.....	\$ _____
<b>D. Your Share of the Gross Income Shown on Last Year's Federal Income Tax Return</b>	.....	\$ _____

**2. EXPENSES REQUIRED TO MAINTAIN PREVIOUS STANDARD OF LIVING STATED ON A MONTHLY AVERAGE**

<b>A. Rent or Mortgage Payments</b>	.....	\$ _____
<b>B. Utilities</b>		
1. Gas	.....	\$ _____
2. Water	.....	\$ _____
3. Electricity	.....	\$ _____
4. Telephone	.....	\$ _____
5. Trash Service	.....	\$ _____
<b>C. Automobiles</b>		
1. Gas and Oil	.....	\$ _____
2. Maintenance (routine)	.....	\$ _____
3. Taxes and License	.....	\$ _____
4. Payment on the Auto Loan	.....	\$ _____
<b>D. Insurance</b>		
1. Life	.....	\$ _____
2. Health and Accident	.....	\$ _____
3. Disability	.....	\$ _____
4. Homeowners (if not included in mortgage payment)	.....	\$ _____
5. Automobile	.....	\$ _____

- E. Total Payment Installments Contracts ..... \$ \_\_\_\_\_
- F. Child Support Paid to Others for Children Not in your Custody (excluding children of this marriage) ..... \$ \_\_\_\_\_
- G. Maintenance or Alimony (excluding Petitioner or Respondent herein) ..... \$ \_\_\_\_\_
- H. Church and Charitable Contributions ..... \$ \_\_\_\_\_
- I. Other Living Expenses (total of items 1 - 7 listed below) ..... \$ \_\_\_\_\_

		Yours	Children in Your Custody
1.	Food .....	\$ _____	\$ _____
2.	Clothing .....	\$ _____	\$ _____
3.	Medical Care, Dental Care and Drugs .....	\$ _____	\$ _____
4.	Recreation .....	\$ _____	\$ _____
5.	Laundry and Cleaning .....	\$ _____	\$ _____
6.	Barber Shop or Beauty Shop .....	\$ _____	\$ _____
7.	School and Books .....	\$ _____	\$ _____
	.....	\$ _____	\$ _____

- J. Day Care Center or Babysitter ..... \$ \_\_\_\_\_
- K. All other Expenses Not Presently Identified - (give as a monthly average)
  - \_\_\_\_\_ ..... \$ \_\_\_\_\_
  - \_\_\_\_\_ ..... \$ \_\_\_\_\_
  - \_\_\_\_\_ ..... \$ \_\_\_\_\_
  - \_\_\_\_\_ ..... \$ \_\_\_\_\_
- L. Total Average Monthly Expenses ..... \$ \_\_\_\_\_

STATE OF MISSOURI,  
COUNTY OF \_\_\_\_\_, SS.

Comes now \_\_\_\_\_, being of lawful age and after being duly sworn, states that affiant has read the foregoing Statement of Income and Expenses, and that the facts therein are true and correct according to the affiant's best knowledge and belief.

\_\_\_\_\_  
Affiant

Subscribed and sworn to before me, the undersigned Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public

I hereby certify that I mailed a copy of this Statement of Income and Expense to \_\_\_\_\_, an attorney for the (Petitioner) (Respondent) by depositing a copy thereof in the United States Mail, postage pre-paid, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.