

RE THE MARRIAGE OF

PETITIONER

AND

No. _____

RESPONDENT

STATEMENT OF INCOME AND EXPENSES OF

Name _____ Social Security Number _____, who
being first duly sworn upon oath states as follows:

1. INCOME

A. Gross Wages or Salary and Commissions each Pay Period \$ _____

PAID _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly

Payroll Deductions:

F.I.C.A (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 (give monthly average and list sources of income).

_____ \$ _____

Average Monthly Total \$ _____

C. Any other income - (from social security, AFDC, V.A. benefits, pensions, annuities, bonuses, commissions and all other sources; list the source and MONTHLY average).

_____ \$ _____

Average Monthly Total \$ _____

D. TOTAL AVERAGE MONTHLY INCOME

\$ _____

E. Your share of the gross income shown on last year's Federal Income Tax Return

\$ _____

II. EXPENSES (Give all expenses on a MONTHLY average).

A. Rent or mortgage payments

\$ _____

B. Utilities

- 1. Gas \$ _____
- 2. Water _____
- 3. Electricity _____
- 4. Telephone _____
- 5. Trash Service _____

\$ _____

C. Automobiles

- 1. Gas & Oil \$ _____
- 2. Maintenance (routine) _____
- 3. Taxes and licenses _____
- 4. Payment on auto loan _____

\$ _____

D. Insurance

- 1. Life \$ _____
- 2. Health & Accident _____
- 3. Disability _____
- 4. Homeowners (if not included in mortgage payment) _____
- 5. Automobile _____

\$ _____

E. Total payment on Installment Contracts

\$ _____

F. Child Support Paid to Others for Children not in your Custody

\$ _____

G. Maintenance or Alimony

\$ _____

H. Church and Charitable Contributions

\$ _____

I. Other Living Expenses

\$ _____

Yours

Children in Your Custody

- 1. Food \$ _____
 - 2. Clothing _____
 - 3. Medical Care _____
 - 4. Prescription Drugs _____
 - 5. Dental Care _____
 - 6. Recreation _____
 - 7. Laundry and Cleaning _____
 - 8. Barber Shop _____
 - 9. Beauty Shop _____
 - 10. 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

\$ _____

AFFIANT

Subscribed and sworn to before me, the undersigned Notary Public, on this _____ day of

_____, 19____.

NOTARY PUBLIC

My Commission expires: