

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
PETITIONER

and

No. \_\_\_\_\_

\_\_\_\_\_  
RESPONDENT

**STATEMENT OF INCOME AND EXPENSES OF**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
Social Security Number

**I. 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 and Oil

\$ \_\_\_\_\_

2. Maintenance (Routine)

\$ \_\_\_\_\_

3. Taxes & license

\$ \_\_\_\_\_

4. Payment on auto loan

\$ \_\_\_\_\_

\$ \_\_\_\_\_

D. Insurance

1. Life

\$ \_\_\_\_\_

2. Health & Accident

\$ \_\_\_\_\_

3. Disability

\$ \_\_\_\_\_

4. Homeowners (if not included  
in mortgage payments)

\$ \_\_\_\_\_

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 & Charitable Contributions

\$ \_\_\_\_\_

I. Other Living Expenses

1. Food

\$ \_\_\_\_\_

Children in  
your custody

\$ \_\_\_\_\_

2. Clothing

\$ \_\_\_\_\_

\$ \_\_\_\_\_

3. Medical Care

\$ \_\_\_\_\_

\$ \_\_\_\_\_

4. Prescription drugs

\$ \_\_\_\_\_

\$ \_\_\_\_\_

5. Dental care

\$ \_\_\_\_\_

\$ \_\_\_\_\_

6. Recreation

\$ \_\_\_\_\_

\$ \_\_\_\_\_

7. Laundry & Cleaning

\$ \_\_\_\_\_

\$ \_\_\_\_\_

8. Barber Shop

\$ \_\_\_\_\_

\$ \_\_\_\_\_

9. Beauty Shop

\$ \_\_\_\_\_

\$ \_\_\_\_\_

10. School & books

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

J. Day Care Center or Babysitter

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 and Oil \$ \_\_\_\_\_  
2. Maintenance (Routine) \$ \_\_\_\_\_  
3. Taxes & license \$ \_\_\_\_\_  
4. Payment on auto loan \$ \_\_\_\_\_  
\$ \_\_\_\_\_

D. Insurance  
1. Life \$ \_\_\_\_\_  
2. Health & Accident \$ \_\_\_\_\_  
3. Disability \$ \_\_\_\_\_  
4. Homeowners (if not included  
in mortgage payments) \$ \_\_\_\_\_  
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 & Charitable Contributions \$ \_\_\_\_\_

I. Other Living Expenses

|                       | Yours    | Children in<br>your custody |
|-----------------------|----------|-----------------------------|
| 1. Food               | \$ _____ | \$ _____                    |
| 2. Clothing           | \$ _____ | \$ _____                    |
| 3. Medical Care       | \$ _____ | \$ _____                    |
| 4. Prescription drugs | \$ _____ | \$ _____                    |
| 5. Dental care        | \$ _____ | \$ _____                    |
| 6. Recreation         | \$ _____ | \$ _____                    |
| 7. Laundry & Cleaning | \$ _____ | \$ _____                    |
| 8. Barber Shop        | \$ _____ | \$ _____                    |
| 9. Beauty Shop        | \$ _____ | \$ _____                    |
| 10. School & books    | \$ _____ | \$ _____                    |
|                       | \$ _____ | \$ _____                    |

J. Day Care Center or Babysitter \$ \_\_\_\_\_

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|       |          |
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Average Monthly Total \$ \_\_\_\_\_

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|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Average Monthly Total \$ \_\_\_\_\_

D. TOTAL AVERAGE MONTHLY INCOME \$ \_\_\_\_\_

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

K. All other Expenses not presently identified (give as a monthly average)

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

\$ \_\_\_\_\_

L. TOTAL AVERAGE MONTHLY EXPENSES

\$ \_\_\_\_\_

STATE OF MISSOURI

ss.

CITY OF ST. LOUIS,

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 \_\_\_\_\_, \_\_\_\_\_.

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

My Commission Expires:

\_\_\_\_\_

