

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

_____)	
SSN: XXX-XX-_____,)	
Petitioner,)	
v.)	
)	Case No.
)	
_____)	
SSN: XXX-XX-_____,)	
Respondent.)	

INCOME AND EXPENSE STATEMENT OF:

I. INCOME:

A. **GROSS WAGES PER PAY PERIOD:**
 ___ Weekly, ___ Every Two Weeks, ___ Twice per month, ___ Monthly \$ _____

B. **GROSS WAGES PER MONTH:** \$ _____

C. **PAYROLL DEDUCTIONS PER PAY PERIOD:**

FICA (Social Security Tax)	\$ _____
Medicare	\$ _____
Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
Health Insurance Premium	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total deductions per pay period	\$ _____

D. **NET WAGES (TAKE HOME) PER PAY PERIOD:** \$ _____

E. **Additional Gross Income:**
 List income from second jobs, rental property, dividends, social security, retirement, veteran benefits, business enterprises, TANF, annuities, bonuses and all other sources.

<u>SOURCE</u>	<u>GROSS INCOME</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total monthly additional gross income:		\$ _____

F. Value of fringe benefits paid partially or totally by employer, such as:
 Insurance, Vehicle, Phone, Computer, etc. \$ _____

G. **TOTAL MONTHLY GROSS INCOME (Add Lines B and E)** \$ _____

II. ANTICIPATED AVERAGE MONTHLY EXPENSES:

- A. Rent or mortgage payments
(Include home association dues, insurance, and taxes) \$ _____
- B. Maintenance and repairs of residence \$ _____
- C. **Utilities:**
- 1. Gas \$ _____
 - 2. Electric \$ _____
 - 3. Water \$ _____
 - 4. Telephone \$ _____
 - 5. Mobile/Cell/Pager \$ _____
 - 6. Trash Service \$ _____
- Total Utilities Expense:** \$ _____
- D. **Vehicles:**
- 1. Gas and Oil \$ _____
 - 2. Maintenance \$ _____
 - 3. Registration \$ _____
 - 4. Loan/Lease Amount \$ _____
- Total Vehicles Expense:** \$ _____
- E. **Insurance:** (Do not include any expenses reported as a payroll deduction)
- 1. Health \$ _____
 - 2. Dental \$ _____
 - 3. Vision \$ _____
 - 4. Life \$ _____
 - 5. Disability \$ _____
 - 6. Automobile \$ _____
- Total Insurance Expense:** \$ _____
- F. **Taxes:**
- 1. Personal Property \$ _____
- Total Tax Expense:** \$ _____
- G. Regular monthly payments I make on debts, other than mortgages and vehicle loans, such as: Credit Cards, Personal Loans, Student Loans. \$ _____
- H. Child Support paid for children NOT involved in this proceeding. \$ _____
- I. Maintenance or Alimony paid by me to persons other than my current spouse. \$ _____
- J. Work-related Child Care (Average of School Year and Summer)
Show Calculations: _____
\$ _____

K. Other Monthly Out-of-Pocket Living Expenses:

	<u>MINE</u>	<u>CHILDREN</u> (Subject to this proceeding)
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical Care	\$ _____	\$ _____
Prescriptions	\$ _____	\$ _____
Dental Care	\$ _____	\$ _____
Vision Care	\$ _____	\$ _____
Recreation	\$ _____	\$ _____
Sports	\$ _____	\$ _____
School Lunches	\$ _____	\$ _____
Tutoring	\$ _____	\$ _____
Lessons	\$ _____	\$ _____
Barber/Beauty Shop	\$ _____	\$ _____
Newspapers/Magazines	\$ _____	\$ _____
Church/charitable	\$ _____	\$ _____
Cable TV or Satellite	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Toiletries	\$ _____	\$ _____
Vacation	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Pet Expenses	\$ _____	\$ _____
College Expenses	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Other Expenses:	\$ _____	\$ _____
TOTAL AVERAGE MONTHLY EXPENSES (Add Lines A through K)		\$ _____

III. Total Gross Income from my tax returns for each of the last three calendar years.
(Attach tax returns and all attachments)

<u>TAX YEAR</u>	<u>GROSS INCOME</u>
_____	_____
_____	_____
_____	_____

IV. My spouses current estimated monthly Gross income:

<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____

V. **Total Gross Income from my spouses tax returns for each of the last three calendar years.**
 (Attach tax returns and all attachments)

<u>TAX YEAR</u>	<u>GROSS INCOME</u>
_____	_____
_____	_____
_____	_____

VI. **Motion to Modify Information: (Complete this section only if this statement is being submitted in connection with a motion to modify maintenance or child support.)**

- A. Date of the last order for maintenance or child support:
- B. Amount of the last order for maintenance or child support:
- C. My GROSS monthly income on the date of the last order:
- D. Name and Relationship of ALL persons currently residing at my residence:

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____

- E. Income each year since the last order of the court for each of the following persons:

Year	Petitioner	Petitioner's Spouse Or Co-Habitant	Respondent	Respondent's Spouse Or Co-Habitant

COMES NOW, _____, being of lawful age and after being duly sworn, states that the foregoing Statement of Income and Expenses and the facts therein are true and correct according to the affiant's knowledge and belief.

Affiant

Subscribed and sworn to before me on the ____ day of _____ 20__

Notary Public

My Commission Expires: