

IN THE FAMILY COURT OF JEFFERSON COUNTY, MISSOURI

For File Stamp Only

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., VA Benefits, Pensions, Annuities, Bonuses, Commissions and all Other Sources (give monthly average and list sources of income).

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
Average Monthly Total. \$ _____

C. Total Average Net Monthly Income. \$ _____

D. Your Share of the Gross Income Shown on Last Year's Federal Income Tax Return. . . . \$ _____

2. EXPENSES REQUIRED TO MAINTAIN PREVIOUS STANDARD OF LIVING STATED 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 and License..... \$ _____
4. Payment on the Auto Loan \$ _____ \$ _____

D. Insurance

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 JEFFERSON 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 _____, 202____.

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 _____, 202____.
