

IN RE THE MARRIAGE OF:

PETITIONER

AND

NO. _____

RESPONDENT

STATEMENT OF INCOME AND EXPENSES OF

Name

Social Security Number

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: \$ _____

INCOME (Continued)

- 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 and Licenses | \$ _____ |
| 4. Payment on 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 on installment contracts: \$ _____

F. Child support paid to others for children not in your custody: \$ _____

G. Maintenance or alimony: \$ _____

H. Church and charitable contributions: \$ _____

EXPENSES (continued)

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: \$ **_____**

STATE OF MISSOURI)
) ss.
 COUNTY OF BOONE)

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 _____, 20 _____.

 Notary Public

My commission expires:

