

IN THE FAMILY COURT OF _____ COUNTY, MISSOURI

In re the Marriage of:)	
)	
)	_____, 2004
)	
Petitioner,)	Case No.
)	
and)	Division
)	
)	
)	
Respondent.)	

STATEMENT OF INCOME AND EXPENSES

Name

Social Security Number

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:

Dental Insurance \$
Medical Insurance \$
Life Insurance/accidental death Inc. \$

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., V.A. 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) \$ _____
- 5. Automobile \$ _____ \$ _____

E. Total Payment Installment 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)
) SS.
COUNTY OF)

_____, of lawful age, does solemnly affirm under the penalty of perjury that he/she has read the foregoing Statement of Income and Expenses and that the facts and matters set forth therein are true and correct according to the best of his/her knowledge and belief.

Subscribed and affirmed before me this ____ day of _____, 2004.

Notary Public

My Commission expires:
