



INCOME & EXPENSE STATEMENT

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County:

Petitioner:

Respondent:

Case No:

Prepared:

Instructions: Monthly averages should be used for all income and expense items even though income and/or expense is not received/paid on a monthly basis. If item is received/paid on an irregular basis, take annual amount and divide by twelve.

Statement of:

☐ Petitioner
☐ Respondent

I. AVERAGE MONTHLY INCOME

A. Gross monthly income from wages

B. Minus the following adjustments:

< Federal withholding tax

< State withholding tax

< FICA

< Union dues

< Retirement contributions

< Health/life insurance

< Medicare

< Other (describe) **Total adjustments to wages**

C. Maintenance received net of taxes

D. Child support received

E. Other income received net of taxes (e.g., bonuses, rental income, investment income, etc.)

TOTAL AVERAGE NET MONTHLY INCOME

II. AVERAGE MONTHLY EXPENSES

A. Rent or home mortgage payment

B. General household expenses

< Electricity

< Heating fuel (oil, gas, propane, wood, etc.)

< Water and sewer

< Cable television

< Internet access

< Phone service - land line

< Phone service - cell

< Home repair and maintenance

< Yard maintenance (mowing, snow removal, etc.)

< Trash pickup

< Other (describe) **Total general household expenses**

C. Motor vehicle expenses

< Loan or lease payment

< Gasoline/diesel

< Maintenance and repair

< Inspection and licensing

< Other (describe) **Total motor vehicle expenses**

D. Insurance expenses (not included above)

- < Life insurance for yourself _____
- < Life insurance for spouse/children _____
- < Health insurance for yourself _____
- < Health insurance for spouse/children _____
- < Disability insurance _____
- < Homeowner's/renter's insurance _____
- < Motor vehicle insurance _____
- < Other (describe) _____

Total insurance expenses**E. Loan and credit card expenses (not included above)**

- < Secured (list) _____
- < Unsecured (list) _____
- < Credit card (list) _____

Total loan expenses**F. Real estate and personal property taxes****G. Court ordered child support/maintenance payments****H. Church and charitable contributions****I. Day care costs****J. Other monthly living expenses**

- < Groceries, household goods, supplies, etc. _____
- < Meal eaten away from home _____
- < Clothing _____
- < Uninsured medical care and medications _____
- < Uninsured dental and orthodontic _____
- < Uninsured eye care _____
- < Professional dry cleaning and laundry _____
- < Recreation and entertainment _____
- < Beauty and barber shop _____
- < School tuition, books, supplies and fees _____
- < School room and board _____
- < Extracurricular fees (clubs, sports, lessons, etc.) _____
- < Other (describe) _____

Yourself**Children****Total other monthly living expenses****TOTAL AVERAGE MONTHLY EXPENSES****III. RECAPITULATION****A. Net monthly income****B. Minus average monthly expenses****TOTAL MONTHLY NET DISPOSABLE INCOME****IV. SIGNATURES**

I hereby declare under penalties of perjury that the foregoing information is true and correct to the best of my knowledge and belief.

Signed By _____

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

Notary Public