

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
_____ JUDICIAL CIRCUIT

In re the Marriage/Matter of:)
)
_____,) _____, 2012
)
Petitioner/Plaintiff,) Case No.
)
and) Division
)
_____,)
)
Respondent/Defendant.)

STATEMENT OF INCOME AND EXPENSES

Social Security Number: XXX-XX-

1. INCOME.

A. Name of employer: _____

Gross Wages or Salary and Commission each Pay Period: \$ _____

PAID: ___ Weekly ___ Bi-weekly ___ Semi-monthly ___ Monthly

Number of Dependents Claimed: _____

PAYROLL DEDUCTIONS:

Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
FICA (Social Security Tax)	\$ _____
Medicare Tax	\$ _____
Other (Please specify)	\$ _____

Total Deductions each Pay Period: \$ _____

Net Take Home Pay Each Pay Period: \$ _____

B. Additional Income from Rentals, Dividends and Business Enterprises, Social Security, TANF, V.A. Benefits, Pensions, Annuities, Bonuses, Commissions and all Other Sources (give monthly average and list sources of income): \$ _____

(Please specify below.)
Average Monthly Total of Additional Income: \$ _____

C. Total Average Net Monthly Income: \$ _____

D. Your Share of the Gross Income Shown on Last Year's
Federal Income Tax Return (2011 Federal AGI): \$ _____

2. EXPENSES STATED ON A MONTHLY AVERAGE.

A. Rent/Mortgage Payment: \$ _____

B. Utilities (total of items 1-6 listed below): \$ _____

1. Gas \$ _____

2. Water \$ _____

3. Electricity \$ _____

4. Telephone/Cable/Internet \$ _____

5. Sewer/Septic \$ _____

6. Cellular Phone \$ _____

C. Automobiles (total of items 1-4 listed below): \$ _____

1. Gas and Oil \$ _____

2. Maintenance (routine) \$ _____

3. Taxes and License \$ _____

4. Payment on Auto Loan \$ _____

D. Insurance (total of items 1-6 listed below): \$ _____
(if not deducted from payroll)

1. Life \$ _____

2. Health and Accident \$ _____

3. Dental \$ _____

4. Disability \$ _____

5. Homeowners/Renters
(if not included in mortgage) \$ _____

6. Automobile \$ _____

E. Total Payment Installment Contracts/Credit Cards: \$ _____

F. Child Support Paid to Other(s) for Child(ren) Not in your Custody (excluding Child(ren) of this marriage/matter): \$ _____

G. Maintenance or Alimony Paid (excluding the parties herein): \$ _____

H. Church and Charitable Contributions: \$ _____

I. Other Living Expenses (total of items 1-7 listed below): \$ _____

	Yours	Child(ren) in Your Custody
1. Food	\$ _____	\$ _____
2. Clothing	\$ _____	\$ _____
3. Medical Care, Dental Care, and Prescription Drugs (Out-of-pocket)	\$ _____	\$ _____
4. Recreation	\$ _____	\$ _____
5. Laundry and Cleaning	\$ _____	\$ _____
6. Barber or Beauty Shop	\$ _____	\$ _____
7. School Supplies, Books, Tuition	\$ _____	\$ _____
Total:	\$ _____	\$ _____

J. Child Care: \$ _____

K. All Other Expenses Not Presently Identified
(give as a monthly average) (total of items 1-5 listed below): \$ _____

1. Books, magazines, newspapers	\$ _____
2. Gifts for family members	\$ _____
3. Maintenance on residence	\$ _____
4. Toiletries	\$ _____
5. Other	\$ _____

L. TOTAL AVERAGE MONTHLY EXPENSES \$ _____

STATE OF MISSOURI)

COUNTY OF _____) SS.
_____)

_____, 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, information and belief.

Subscribed and affirmed before me this _____ day of _____, 2012.

Notary Public

My commission expires:

William E. Albrecht #20621
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