

**IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT KANSAS CITY/INDEPENDENCE**

In the Matter of)	
)	Case No.
Petitioner's Name)	Div. No.
and)	
Respondent's Name)	

INCOME AND EXPENSE STATEMENT OF PETITIONER/RESPONDENT

- A. MY MONTHLY GROSS WAGES, SALARY AND COMMISSIONS: \$ _____
- B. Gross Wages, Salary and Commissions Paid To Me each Pay Period: \$ _____
 PAID: Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly _____
 Tax Status Claimed: Single _____ Married _____ Head/Household _____
 Number of Persons Claimed as Deductions _____
- C. PAYROLL DEDUCTIONS EACH PAY PERIOD:
- | | | |
|--|--|----------|
| FICA (Social Security & Medicare Tax) | | \$ _____ |
| Federal Withholding Tax | | \$ _____ |
| State Withholding Tax | | \$ _____ |
| City Earning Tax | | \$ _____ |
| Union Dues | | \$ _____ |
| Health Insurance | | \$ _____ |
| Others: (specify) | | \$ _____ |
| _____ | | |
| _____ | | |
| _____ | | |
| My total deductions <u>each pay period</u> | | \$ _____ |
| My net pay <u>each pay period</u> | | \$ _____ |
- D. MY NET PAY EACH MONTH: \$ _____
- E. ADDITIONAL INCOME: List income from second job, rentals, dividends, soc. sec., retirement, V.A. business enterprises, AFDC, annuities, bonuses and all other sources. (Give monthly average of income from each source and identify source.)
- | | | |
|-------|--|----------|
| _____ | | \$ _____ |
| _____ | | \$ _____ |
- MY TOTAL AVERAGE MONTHLY GROSS ADDITIONAL INCOME \$ _____
- F. MY TOTAL MONTHLY GROSS INCOME - Add Line A and Line E \$ _____

G. MY TOTAL GROSS INCOME FROM MY TAX RETURNS FOR EACH OF THE LAST 3 YEARS:

Year _____ Income _____
 Year _____ Income _____
 Year _____ Income _____

MY ANTICIPATED EXPENSES (Monthly Average) Divide total household expense by the number of people in the household. If parent and three children, show 1/4 in mine and 3/4 in children's.

	<u>Mine</u>	<u>Children's</u>	<u>Total</u>
A. Rent or mortgage payments (with Homes Assn Dues and second mortgage)	\$ _____	\$ _____	\$ _____
B. Utilities			
1. Gas	\$ _____	\$ _____	
2. Water	\$ _____	\$ _____	
3. Electricity	\$ _____	\$ _____	
4. Telephone	\$ _____	\$ _____	
5. Trash Service	\$ _____	\$ _____	
Total	\$ _____	\$ _____	\$ _____
C. Automobiles			
1. Gas and Oil	\$ _____	\$ _____	
2. Maintenance	\$ _____	\$ _____	
3. License Fees	\$ _____	\$ _____	
4. Payment of Loan	\$ _____	\$ _____	
Total	\$ _____	\$ _____	\$ _____
D. Insurance (list only if not deducted from check)			
1. Life and Accident	\$ _____	\$ _____	
2. Health	\$ _____	\$ _____	
3. Dental	\$ _____	\$ _____	
4. Vision	\$ _____	\$ _____	
5. Disability	\$ _____	\$ _____	
6. Homeowners (if not in mort.)	\$ _____	\$ _____	
7. Automobile	\$ _____	\$ _____	
Total	\$ _____	\$ _____	\$ _____
E. Taxes			
1. Real Estate (not in mort.)	\$ _____	\$ _____	
2. Personal Prop.	\$ _____	\$ _____	
Total	\$ _____	\$ _____	\$ _____
F. Payments I make on Debts (monthly average of those not listed elsewhere)			\$ _____
G. Child support <u>paid</u> to others for children not in my custody and not involved in this proceeding			\$ _____
H. Maintenance or Alimony <u>paid by me</u> to persons other than my current spouse			\$ _____
I. Work-Related Child Care or Babysitter: (average school year and summer childcare)			\$ _____

J. OTHER LIVING EXPENSES:

FOR CHILDREN
WHEN THEY
ARE WITH ME

	<u>MINE</u>	
1. Food	\$ _____	\$ _____
2. Clothing	\$ _____	\$ _____
3. Medical Care	\$ _____	\$ _____
4. Prescription Drugs	\$ _____	\$ _____
5. Dental Care	\$ _____	\$ _____
6. Vision	\$ _____	\$ _____
7. Recreation	\$ _____	\$ _____
8. Barber & Beauty Shop	\$ _____	\$ _____
9. School and Books	\$ _____	\$ _____
10. School Lunches	\$ _____	\$ _____
11. Lessons	\$ _____	\$ _____
12. Home Maintenance	\$ _____	\$ _____
13. Newspapers & Magazines	\$ _____	\$ _____
14. Church and charitable	\$ _____	\$ _____
15. Cable Television	\$ _____	\$ _____
16. Toiletries	\$ _____	\$ _____
17. All other expenses:itemize		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL OTHER EXPENSES \$ _____ \$ _____ \$ _____

TOTAL AVERAGE MONTHLY EXPENSES (Add A through J) \$ _____

* * * * *

If this Statement is submitted with a Motion to Modify Maintenance or Child Support, complete the following:

- A. The date of the last Order for maintenance and/or child support was: _____.
- B. At the date of the last Order, the gross monthly income of my former spouse was \$_____.
- C. At the date of the last Order, my gross monthly income was: _____.
- D. Names and Relationship to me of all persons residing at my residence:

- E. My spouse or cohabitant's current monthly gross income: \$_____
- F. Income each year since modification:

	<u>Mine</u>	<u>Spouse or</u> <u>Co-habitant</u>		<u>Mine</u>	<u>Spouse or</u> <u>Co-habitant</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

AFFIDAVIT

I certify that I have read the foregoing Statement of Income and Expenses and that the facts therein are complete, true and accurate to the best of my knowledge and belief.

Affiant

Subscribed and sworn to before me, the undersigned Notary Public on the _____ day of _____, 2010.

Notary Public

My Commission Expires:
