



**Gross Monthly Income (13)**

Spousal maintenance paid (14)

Spousal maintenance received (15)

Custodial parent of other children subject of court order(s) (16)

[ ] Father [ ] Mother

Court-ordered child support paid for children of other relationships (17)

Other natural or adopted children not subject of court order(s) (18)

[ ] Father [ ] Mother

Standard deduction

Alternate Deduction

(only if less than standard deduction)

**Adjusted Gross Monthly Income (19)**

**Combined Adjusted Gross Income (20)**

**Basic Child Support Obligation for [ ] children (21)**

**Additions:**

Adjusted for [ ] children over age 12 at [ ]% (22)

Medical, dental and vision insurance paid (23)

Monthly childcare costs (24) for [ ] child(ren)

Less federal tax credit allowed to custodian at [ ]%

Extra education expenses paid (25)

Extraordinary (gifted or handicapped) child expenses paid (26)

**Subtotal (27)**

**Total Adjustments for Costs (28)**

**Total Child Support Obligation (29)**

Each parent's proportionate percentage of combined income (30)

Each parent's proportionate share of the total support obligation (31)

Less paying parent's costs (32)

Costs associated with parenting time (33): Table A [ ]

No. of days \_\_\_\_\_

Line (18) x \_\_\_\_\_%

**Adjustments subtotal (34)**

**Preliminary Child Support Amount (35)**

<b>Father</b>	<b>Mother</b>
\$ _____	\$ _____
\$- _____	\$- _____
\$+ _____	\$+ _____
\$- _____	\$- _____
\$- _____	\$- _____
\$- _____	\$- _____
\$- _____	\$- _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
_____ %	_____ %
\$ _____	\$ _____
\$ _____	\$ _____
Table B [ ]	
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

**Self-Support Reserve Test for Payor (36)**

Line (16) \$ \_\_\_\_\_

Less paid arrears \$ \_\_\_\_\_

Less \$1,115

**Father**

**Mother**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Child support amount to be paid by (37):**

[ ] Father [ ] Mother

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Travel related to parenting time (38)**

\_\_\_\_\_ %

\_\_\_\_\_ %

**Medical, dental, and vision costs not paid by insurance (39)**

\_\_\_\_\_ %

\_\_\_\_\_ %