



**PROPOSED SUPPORT DECISION AND INFORMATION OF**

**(A) GROSS MONEY EARNED PER MONTH BY**

(1) Gross Wages and Salary Income	
(2) Commissions, tips and bonuses	
(3) Self-employment income (net of expenses other than depreciation and tax credits)	
(4) Rental income (net of expenses other than depreciation)	
(5) All other income actually received (specify)	
<b>GROSS MONEY EARNED PER MONTH: (A)</b>	

**(B) ACTUAL DEDUCTIONS PER MONTH**  
(Attach most recent pay stub from each employer)

(1) Income tax withholding	
(2) FICA (Social Security)	
(3) Health Insurance	
(4) Union dues	
(5) Other (specify)	
<b>TOTAL ACTUAL DEDUCTIONS PER MONTH: (B)</b>	
<b>(C) NET MONEY ACTUALLY RECEIVED PER MONTH.</b> Subtract (B) from (A)	

**(D) STATUTORY NET RESOURCES AND DEDUCTIONS OF**

(1) Gross Monthly Income	
(2) Income tax withholding for a single person claiming one personal exemption and standard deduction.	
(3) FICA (Social Security)	
(4) Health Insurance attributable to child	
(5) 401K Savings Plan (Matched)	
(6) Life Insurance, 401K loan, stock purchase plan, group term life	
(7) Medicare	
<b>NET RESOURCES: (D)</b>	

**(E) TOTAL MONEY NEEDED PER MONTH BY ME.**

For items that are not paid monthly, express the amount as a monthly average.

(1) Rent or house payment	
(2) Real property taxes (omit if part of house payment)	
(3) Residence maintenance (repairs, yard)	
(4) Insurance: home or renters (omit if part of house payment)	
(5) Utilities - Gas	
(6) Utilities - Electric & Water	
(7) Telephone (inc. average long distance)	
(8) Utilities - Garbage service	
(9) Groceries and household items	
(10) Meals away from home	
(11) School lunches	
(12) Dental and Orthodontia	
(13) Medical and Prescriptions	
(14) Laundry and Dry Cleaning	
(15) Car payment	
(16) Gas and vehicle maintenance	

(17) Clothing and shoes	
(18) Insurance -- Car	
(19) Insurance -- Life	
(20) Insurance -- Health (omit if payroll deduction)	
(21) Child care	
(22) Children's activities	
(23) Entertainment	
(24) Haircuts	
(25) Cable TV and Newspaper	
(26) Total monthly payment on debts (only show total here)	
(27) Support or alimony payments to other persons	
(28) Other (specify)	
<b>TOTAL MONEY NEEDED PER MONTH: (E)</b>	

**(F) TOTAL MONTHLY PAYMENTS ON DEBTS:**

<u>Description of Debt</u>	<u>Balance Now Owed</u>	<u>Amount of Monthly Pmt.</u>
<b>TOTAL MONTHLY PAYMENTS ON DEBTS: (F)</b>		

<b>(G) DIFFERENCE BETWEEN MONEY RECEIVED AND MONEY NEEDED.</b> Subtract (E) from (C)	
<b>(H) STATUTORY PRESUMED CHILD SUPPORT.</b> Multiply (D) by the Guideline Percentage: _____%	