PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT

Prepared By (1): ☐ Petitioner ☐ Respondent ☐ Judiciary ☐ Court Staff ☐ IV-D Agency

Name of person filing: (2) _____ **Date prepared (3)** _____

Petitioner (4)_____ **(6) Case No.** _____

Respondent (5) _____ (7) **ATLAS No.** _____

Time-sharing arrangement (8): ☐ Mostly with Father ☐ Mostly with Mother

(9) Child(ren)'s names (First, middle initial, and last name)	Date of birth (mo/day/year)	Age

Presumptive termination date_____ **Actual termination date** _____ **Youngest grade** _____

Number of minor children _____ **Number of children age 12 or over** _____

	Father	Mother
Gross Income (10)	$_____	$_____
Spousal maintenance paid **(11)**	$-_____	$-_____
Spousal maintenance received **(12)**	$+_____	$+_____
Custodial parent of other children subject of court order(s) **(13)** ☐ Father ☐ Mother	$- _____	$- _____
Court-ordered child support paid for children of other relationships **(14)**	$- _____	$- _____
Other natural or adopted children not subject of court order(s) **(15)** ☐ Father ☐ Mother	$- _____	$- _____
Standard deduction	$- _____	$- _____
Alternate Deduction (only if less than standard deduction)	$- _____	$- _____
Adjusted Gross Income (16)	$_____	$_____
Combined Adjusted Gross Income (17)	$_____	
Basic Child Support Obligation (18)	$_____	
***Additions*:**		
Children age 12 or over ☐ adjustment 10% **(19)**	$_____	
Medical, dental and vision insurance paid **(20)**	$_____	$_____
Monthly childcare costs **(21)** for ☐ child(ren)	$_____	$_____
Less federal tax credit allowed to custodian	$_____	$_____
Extra education expenses **(22)**	$_____	$_____
Extraordinary (gifted or handicapped) child expenses paid **(23)**	$_____	$_____
Subtotal (24)	**$**_____	**$**_____
Total Adjustments for Costs (25)	$_____	
Total Child Support Obligation (26)	$_____	
Each parent's proportionate percentage of combined income (27)	_____%	_____%
Each parent's proportionate share of the total support obligation (28)	$_____	$_____
Less paying parent's costs (29)	$_____	$_____

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Costs associated with parenting time (30): Table A ☐ Table B ☐		
No. of days ____		
Line (18) x _____%	$_____	$_____
Adjustments subtotal (31)	$_____	$_____
Preliminary Child Support Amount (32)	$_____	$_____
Self Support Reserve Test for Payor (33)		
Line (16) $_____ Less paid arrears $_____ Less $903	$_____	$_____
Child support amount to be paid by (34): ☐ Father ☐ Mother	**$_____**	**$_____**
Travel related to parenting time (35)	**_____%**	**_____%**
Medical, dental, and vision costs not paid by insurance (36)	**_____%**	**_____%**