

**IN THE CIRCUIT COURT OF \_\_\_\_\_  
STATE OF MISSOURI**

\_\_\_\_\_  
**Petitioner**

\_\_\_\_\_  
Date

vs.

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
**Respondent**

\_\_\_\_\_  
Division

**STATEMENT OF INCOME AND EXPENSES OF**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

**1. INCOME**

A. Name and address of employer	

Gross Wages or Salary and Commission each Pay Period	
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PAID:	Weekly	<input checked="" type="checkbox"/> Bi-Weekly	Semi-Monthly	Monthly
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Number of Dependents Claimed:	
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**PAYROLL DEDUCTIONS:**

FICA (Social Security Tax)	
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Federal Withholding Tax	
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State Withholding Tax	
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Medicare	
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401 K	
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Medical Insurance	
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Dental Insurance	
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Vision Insurance	
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Disability	
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Savings	
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Other	
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<b>TOTAL DEDUCTIONS EACH PAY PERIOD:</b>	
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<b>NET TAKE HOME PAY EACH PAY PERIOD:</b>	
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B. Additional Income from Rentals, Dividends and Business Enterprises, Social Security, A.F.D.C., V.A. Benefits, Pensions, Annuities, Bonuses, Commissions and all other sources (give monthly average and list sources of income)
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Other	
Average Monthly Total	
C. Total Average Net Monthly Income	
D. Your share of the gross income shown on last year's Federal Income Tax Return	

**2. EXPENSES** List amounts required to maintain previous standard of living on a **MONTHLY** average.

**A. RENT OR MORTGAGE PAYMENTS:**

**B. UTILITIES:**

1. Gas		6. Sewer	
2. Water		7. Cable/TV	
3. Electricity		8. Internet	
4. Telephone		9. Cell Phone	
5. Trash Service		<b>TOTAL UTILITY EXPENSES</b>	

**C. TRANSPORTATION:**

1. Gas and Oil		5. Road Service	
2. Maintenance		6. Bus/Tax Fare	
3. Taxes & Licensing		7. Parking Fees	
4. Auto Rent Payment		<b>TOTAL TRANSPORTATION EXPENSES</b>	

**D. INSURANCE:**

1. Life		4. Homeowners	
2. Health & Accident		5. Automobile	
3. Disability		<b>TOTAL INSURANCE EXPENSES</b>	

**E. TOTAL PAYMENT ON INSTALLMENT CONTRACTS (Credit Cards)**

**F. CHILD SUPPORT PAID TO OTHERS FOR CHILDREN NOT IN YOUR CUSTODY**

**G. MAINTENANCE OR ALIMONY (excluding Petitioner or Respondent herein)**

**H. CHURCH OR CHARITABLE CONTRIBUTIONS**

**I. OTHER LIVING EXPENSES (Total of Items 1 through 7 listed below)**

	Yours	Children in your custody
1. Food		
2. Clothing		
3. Medical Care, Dental Care and Prescriptions		
4. Recreation		
5. Laundry and Cleaning		
6. Barber Shop or Beauty Shop		
7. School and Books		
8. Other:		
<b>TOTALS:</b>		

**J. DAYCARE CENTER OR BABYSITTER**

<b>K. ALL OTHER EXPENSE NOT PRESENTLY IDENTIFIED – List as a MONTHLY average</b>	
1. Dues to Clubs and Organizations	
2. Magazine and Newspaper Subscriptions	
3. Exterior and Interior Home Repairs	
4. Real Estate Taxes	
5. Gifts	
6. Vacations, Travel and Summer Camp	
7. Attorney Fees	
8. Hobbies	
9. Pet Expenses	
10. Other:	
Total Other Expenses	
<b>L. TOTAL AVERAGE MONTHLY EXPENSES</b>	