

IN THE CIRCUIT COURT OF SAINT LOUIS COUNTY,
STATE OF MISSOURI
21ST JUDICIAL CIRCUIT

In the Matter of:)
)
Name:)
SSN: XXX-XX-)
)
Petitioners,) Cause No.
)
v.) Div.:
)
Name:)
SSN: XXX-XX-)
)
Respondent.)
)

STATEMENT OF INCOME AND EXPENSES OF

Name:
SSN: XXX-XX-

1. INCOME

Employer:.

Gross Wages Salary and commission each pay period: \$

PAID: __WEEKLY ___BI-WEEKLY ___ SEMI-MONTHLY ___ MONTHLY

Number of Dependents Claimed: _____

PAYROLL DEDUCTIONS:

FICA (Oasdi)	\$ _____
Federal Withholding Tax	\$ _____
FICA (Medicare)	\$ _____
State Withholding Tax	\$ _____
Long Term Disability	\$ _____
Life Ins Optional MO	\$ _____
City Tax	\$ _____
Cafeteria Deduction	\$ _____

Accidental Death Opt. EE MO \$ _____

Total Deductions each Pay Period \$ _____

Net take home pay each pay period \$ _____

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:

Average Monthly Total \$ _____

C. TOTAL AVERAGE NET MONTHLY INCOME \$ _____

2. EXPENSES REQUIRED TO MAINTAIN PREVIOUS STANDARD OF LIVING STATED ON A MONTHLY AVERAGE.

A. Rent or mortgage payments \$ _____

B. Utilities

1. Gas	\$ _____	
2. Water	\$ _____	
3. Electricity	\$ _____	
4. Telephone	\$ _____	
5. Trash Service	\$ _____	
6. Sewer	\$ _____	
7. House cleaning service	\$ _____	Total: \$ _____

C. Automobiles

1. Gas and Oil	\$ _____	
2. Maintenance (routine)	\$ _____	
3. Taxes and license	\$ _____	
4. Payment on the auto loan	\$ _____	\$ _____

D. Insurance

1. Life	\$ _____	
2. Health & accident	\$ _____	
3. Disability	\$ _____	
4. Homeowners	\$ _____	
5. Automobile	\$ _____	\$ _____

- E. Total payment installments contracts (Credit Cards)

- F. Child support paid to other for children not in your custody (excluding children of this marriage) \$_____

- G. Maintenance or Alimony (excluding Petitioner or Respondent) \$_____

- H. Church and Charitable Contributions \$_____

- I. Other living expenses (total of items 1-7 listed below) \$_____

	YOURS	CHILDREN IN YOUR CUSTODY
1. Food	\$_____	\$_____
2. Clothing	\$_____	\$_____
3. Medical Care, Dental Care and Drugs	\$_____	\$_____
4. Recreation	\$_____	\$_____
5. Laundry and cleaning	\$_____	\$_____
6. Barber Shop and Beauty Shop	\$_____	\$_____
7. School and Books	\$_____	\$_____
Total	\$_____	\$_____

J. Day Care Center or Babysitter \$_____

K. All other expenses not presently identified:

- Lawn and House Maintenance \$_____
- Sports Instruction \$_____
- Wells Fargo Bank Visa \$_____
- Bank of America \$_____
- Old Navy Visa \$_____
- CitiBank Mastercard \$_____
- Sears Card \$_____
- Macy's Card \$_____
- HSBC Sears Solutions Mastercard \$_____

L. TOTAL AVERAGE MONTHLY EXPENSES \$_____