

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI  
AT \_\_\_\_\_, MISSOURI

\_\_\_\_\_, )  
 )  
 Petitioner, )  
 )  
 v. ) Case No. \_\_\_\_\_  
 )  
 \_\_\_\_\_, )  
 )  
 Respondent. )

STATEMENT OF INCOME AND EXPENSE

\_\_\_\_\_  
NAME  
\_\_\_\_\_  
SOCIAL SECURITY NUMBER

I. INCOME

A.  
Gross wages or Salary and Commission each Pay Period. \_\_\_\_\_

PAID: \_\_\_\_\_ Weekly      \_\_\_\_\_ Bi-Weekly  
          \_\_\_\_\_ Semi-Monthly      \_\_\_\_\_ Monthly

Payroll Deductions:

FICA (Social Security Tax) \_\_\_\_\_  
Medicare Tax \_\_\_\_\_  
Federal Withholding Tax \_\_\_\_\_  
State Withholding Tax \_\_\_\_\_  
City Earnings Tax \_\_\_\_\_  
Union Dues \_\_\_\_\_  
Medical/Dental \_\_\_\_\_  
Savings \_\_\_\_\_  
401 K \_\_\_\_\_  
Other \_\_\_\_\_  
Total Payroll Deductions \_\_\_\_\_

Net Take Home Pay Each Pay Period \_\_\_\_\_

INCOME (Continued)

B.  
Additional Income from Rentals, Interest,  
Dividends and Business Enterprises  
(Give monthly average and list of income.)

_____	_____
_____	_____
_____	_____

C.

Any other Income - (from Social Security, AFDS, VA Benefits, pensions, annuities, bonuses, commissions and all other sources.)

List the source and MONTHLY average

_____	_____
_____	_____
_____	_____

**AVERAGE NET MONTHLY INCOME (Sum of A, B and C):**

\_\_\_\_\_

**Your share of the gross income shown on last year's Federal Income Tax Return:**

\_\_\_\_\_

II. EXPENSES (Give all expenses on a MONTHLY average.)

A. Rent or mortgage payments \$ \_\_\_\_\_

B. Utilities:

1. Gas	\$ _____	
2. Water	\$ _____	
3. Electricity	\$ _____	
4. Telephone	\$ _____	
5. Trash Service	\$ _____	_____

C. Automobiles:

1. Gas and Oil	\$ _____	
2. Maintenance (routine)	\$ _____	
3. Taxes and License	\$ _____	_____

D. Insurance:

1. Life	\$ _____	
2. Health & Accident	\$ _____	
3. Disability	\$ _____	
4. Homeowner (If not included in mortgage payment)	\$ _____	
5. Automobile	\$ _____	_____

E. Payment on Installment Contracts

Auto #1: _____	\$ _____	
Auto #2: _____	\$ _____	
Auto #3: _____	\$ _____	
Household Installments	\$ _____	
Credit Cards:		
MasterCard	\$ _____	
Visa	\$ _____	
Discover		
Other	\$ _____	_____

- F. Child Support Paid to Others for Children not in your custody \_\_\_\_\_
- G. Maintenance or Alimony \_\_\_\_\_
- H. Church and Charitable Contributions \_\_\_\_\_

**Sum of A, B, C, D, E, F, G and H:** \_\_\_\_\_

I. Other Living Expenses		Yours	Children in your custody
1.	Food	\$ _____	\$ _____
2.	Clothing	\$ _____	\$ _____
3.	Medical Care*	\$ _____	\$ _____
4.	Prescription Drugs	\$ _____	\$ _____
5.	Dental Care	\$ _____	\$ _____
6.	Recreation	\$ _____	\$ _____
7.	Laundry & Cleaning	\$ _____	\$ _____
8.	Barber Shop	\$ _____	\$ _____
9.	Beauty Shop	\$ _____	\$ _____
10.	School and Books	\$ _____	\$ _____
11.	Day Care	\$ _____	\$ _____
12.	Other Expenses		
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
<b>Total Living Expenses</b>		\$ _____	\$ _____

**AVERAGE MONTHLY LIVING EXPENSES:** \$ \_\_\_\_\_

\*Includes costs of medical care and prescription drugs, which are not paid for by your employer, any insurance or other third party.

STATE OF MISSOURI )  
 ) SS.  
 COUNTY OF \_\_\_\_\_ )

COMES NOW Petitioner/Respondent, \_\_\_\_\_ being of lawful age and after being duly sworn, states that Affiant has read the foregoing Statement of Income and Expense, and that the facts therein are true and correct according to the Affiant's best knowledge and belief.

\_\_\_\_\_  
 Affiant

Subscribed and sworn to before me the undersigned Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Notary Public

My Commission Expires: