

**IN THE 6th JUDICIAL CIRCUIT COURT OF PLATTE COUNTY
AT PLATTE CITY, MISSOURI**

| | | |
|-------------------------------|---|----------|
| <i>In Re The Marriage Of:</i> |) | |
| |) | |
| |) | |
| Petitioner, |) | Case No. |
| |) | |
| And |) | Division |
| |) | |
| |) | |
| Respondent. |) | |

STATEMENT OF INCOME AND EXPENSES OF

| | |
|--------------------|--|
| Petitioner: | Social Security Number: xxx-xx- |
| Respondent: | Social Security Number: xxx-xx- |

I. MY INCOME

| | PETITIONER | RESPONDENT |
|---|-----------------------|-----------------------|
| A. Place of Employment | | |
| Job Description | | |
| Frequency Paid: (Weekly, Bi-Weekly, Monthly, Semi-Monthly) | | |
| Payroll Deductions: | Number of Deductions: | Number of Deductions: |
| Gross Wages or Salary and Commissions <u>Each Pay Period</u> | | |
| F.I.C.A. (Social Security Tax) | | |
| Federal Withholding Tax | | |
| State Withholding Tax | | |
| City Earnings Tax | | |
| Other: _____ | | |
| Total Deductions <u>Each Pay Period</u> | | |
| Net Take Home Pay Each Period | | |
| <u>Average Monthly Gross Wage:</u> | | |
| <u>Average Monthly Net Wage:</u> | | |

B. Additional Income from Rentals, Dividends and Business Enterprises (give a monthly average and list source of income).

| SOURCE | PETITIONER | RESPONDENT |
|------------------------|------------|------------|
| | | |
| Average Monthly Total: | | |

C. Any other Income--(from social security, AFDC, V.A. benefits, pensions, annuities, bonuses, commissions and all other sources; list the source and monthly average).

| SOURCE | PETITIONER | RESPONDENT |
|------------------------|------------|------------|
| | | |
| Average Monthly Total: | | |

| | | |
|--|--|--|
| D. MY TOTAL AVERAGE MONTHLY GROSS INCOME (all sources): | | |
|--|--|--|

E. Your Gross Income shown on last year's Federal Income Tax Return..... \$ _____ \$ _____
 Name and address of party preparing tax return: _____

II. MY ANTICIPATED EXPENSES (Give all expenses on a monthly average)

Total Number of:

People in household _____ Number of Adults _____ Number of Children in your custody _____

| <u>* MONTHLY AVERAGES</u> | TOTAL | YOURS | CHILDREN'S |
|---|-------|-------|------------|
| A. MY RENT OR MORTGAGE PAYMENTS (include home association dues | | | |
| B. MY MAINTENANCE AND REPAIRS OF RESIDENCE | | | |
| C. MY UTILITIES: | | | |
| 1. Gas | | | |
| 2. Water | | | |
| 3. Electricity | | | |
| 4. Telephone | | | |
| 5. Trash Service | | | |
| 6. Other (specify below) _____ | | | |
| MY TOTAL "Utility" Expenses | | | |
| <u>*MONTHLY AVERAGES</u> | TOTAL | YOURS | CHILDREN'S |

| | | | |
|---|--|--|--|
| D. MY AUTOMOBILES: | | | |
| 1. Gas and Oil | | | |
| 2. Maintenance (routine) | | | |
| 3. Taxes and Licenses | | | |
| 4. Payment on the Auto Loan | | | |
| MY TOTAL "Automobile" Expenses | | | |
| E. MY INSURANCE | | | |
| 1. Life | | | |
| 2. Health | | | |
| 3. Accident | | | |
| 4. Dental | | | |
| 5. Disability | | | |
| 6. Homeowners (if not included in mortgage payment) | | | |
| 7. Automobiles | | | |
| 8. Other (specify below) | | | |
| Vision | | | |
| MY TOTAL "Insurance" Expenses | | | |
| F. MY TAXES | | | |
| 1. Real estate (if not in mortgage payment) | | | |
| 2. Personal Property/Automobiles | | | |
| MY TOTAL "Taxes" Expenses in mortgage payment) | | | |
| G. MY PAYMENTS I MAKE ON DEBTS (Regular payments made – credit cards, etc.) | | | |
| H. MY CHILD SUPPORT PAID TO OTHERS: | | | |
| I. MY MAINTENANCE OR ALIMONY PAID BY ME: (to persons other than my current spouse) | | | |
| J. MY CHURCH AND CHARITABLE CONTRIBUTIONS: | | | |

*** MONTHLY AVERAGES**

| K. | MY OTHER LIVING EXPENSES: | TOTAL | YOURS | CHILDREN'S |
|-----------|---|--------------|--------------|-------------------|
| | 1. Food. | | | |
| | 2. Clothing | | | |
| | 3. Medical Care, Co-Pays, etc. | | | |
| | 4. Prescription Drugs | | | |
| | 5. Dental Care, Co-Pays, etc. | | | |
| | 6. Vision Care, Co-Pays, etc. | | | |
| | 7. Recreation | | | |
| | 8. Barber/Beauty Shop | | | |
| | 9. School Books | | | |
| | 10. School Lunches | | | |
| | 11. Sports | | | |
| | 12. Activities | | | |
| | 13. Tutoring | | | |
| | 14. Lessons | | | |
| | 15. Newspapers/Magazines | | | |
| | 16. Cable TV/Dish | | | |
| | 17. Internet | | | |
| | 18. Toiletries | | | |
| | 19. Vacation | | | |
| | 20. Gifts | | | |
| | 21. Pet Expenses | | | |
| | 22. College Expenses | | | |
| | 23. Other (specify below) | | | |
| | _____ | | | |
| | MY TOTAL "Other Living" Expenses | | | |

| | TOTAL | YOURS | CHILDREN'S |
|---|-------|-------|------------|
| L. MY DAY CARE OR BABYSITTER: | | | |
| | | | |
| M. MY ALL OTHER EXPENSES NOT ALREADY IDENTIFIED: (give as a <u>monthly</u> average). | | | |
| 1. _____ | | | |
| MY TOTAL "All Other" Monthly Expenses | | | |
| MY TOTAL AVERAGE Monthly Expenses | | | |



STATE OF MISSOURI)
)ss
 COUNTY OF _____)

Comes now the Affiant being of lawful age and after being duly sworn states that he/she has read the foregoing Statement of Income and Expenses, and that the facts therein are true and correct according to his/her best knowledge and belief.

 _____, Affiant

Subscribed and sworn to before me the ____ day of _____, 2016.

 Notary Public

My commission expires:
