IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

 FAMILY COURT DIVISION

 At Kansas City At Independence

IN RE THE MARRIAGE OF:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner,

and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Respondent

 **INCOME AND EXPENSE STATEMENT OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I.**  **INCOME**

 A. GROSS WAGES PER PAY PERIOD $\_\_\_\_\_\_\_\_\_\_\_

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

 B. My **MONTHLY** Gross Wages or Salary: $ \_\_\_\_\_\_\_\_\_\_\_

 C. TAX STATUS: Single \_\_\_\_ Married \_\_\_\_ Head/household \_\_\_\_\_

 Number of Dependents Claimed \_\_\_\_\_\_\_\_

 D. PAYROLL DEDUCTIONS EACH PAY PERIOD:

 FICA (Social Security Tax) $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Medicare $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Federal Withholding Tax $\_\_\_\_\_\_\_\_\_\_\_\_\_

 State Withholding Tax $\_\_\_\_\_\_\_\_\_\_\_\_\_

 City Earnings Tax $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Union dues $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Health Insurance Premium $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Others: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My total deductions each pay period $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E. MY NET TAKE HOME PAY PER PAY PERIOD $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 F. Additional Income: (List income from second jobs, rentals,

 dividends, social security, retirement, V.A., business enterprises,

 TANF, annuities, bonuses and all other sources.)

 Source Income

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My total average monthly additional gross income $\_\_\_\_\_\_\_\_\_\_\_\_\_

 G. The value of fringe benefits paid partially or totally

 by employer, i.e. health, disability insurance, etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_

 H. **MY TOTAL MONTHLY GROSS INCOME (Add Line B, F and G) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. ANTICIPATED MONTHLY EXPENSES**

A. Rent or mortgage payments (include home association dues) $\_\_\_\_\_\_\_\_\_\_\_

 B. Maintenance and repairs of residence $\_\_\_\_\_\_\_\_\_\_\_

 C. Utilities

 1. Gas $\_\_\_\_\_\_\_\_\_\_

 2. Water $\_\_\_\_\_\_\_\_\_\_

 3. Electric $\_\_\_\_\_\_\_\_\_\_

 4. Telephone $\_\_\_\_\_\_\_\_\_\_\_

 5. Mobile/Cell/Pager $\_\_\_\_\_\_\_\_\_\_\_

 6. Trash Service $\_\_\_\_\_\_\_\_\_\_\_ TOTAL UTILITIES EXPENSE $\_\_\_\_\_\_\_\_\_\_\_

 D. Automobiles

 1. Gas and Oil $\_\_\_\_\_\_\_\_\_\_\_

 2. Maintenance $\_\_\_\_\_\_\_\_\_\_\_

 3. Tax and License $\_\_\_\_\_\_\_\_\_\_\_

 4. Payment of Loan/Lease $\_\_\_\_\_\_\_\_\_\_\_ TOTAL AUTOMOBILE

 EXPENSE $\_\_\_\_\_\_\_\_\_\_\_

 E. Insurance

 1. Life $\_\_\_\_\_\_\_\_\_\_\_

 2. Health $\_\_\_\_\_\_\_\_\_\_\_

 3. Dental $\_\_\_\_\_\_\_\_\_\_\_

 4. Vision $\_\_\_\_\_\_\_\_\_\_\_

 5. Disability $\_\_\_\_\_\_\_\_\_\_\_

 6. Homeowners/Rental (if not

 included in mortgage) $\_\_\_\_\_\_\_\_\_\_\_

 7. Automobile $\_\_\_\_\_\_\_\_\_\_\_ TOTAL INSURANCE

 EXPENSE $\_\_\_\_\_\_\_\_\_\_\_\_

 F. Taxes

 1. Real Estate (if not includ-

 ed in mortgage payment) $\_\_\_\_\_\_\_\_\_\_\_

 2. Personal Property $\_\_\_\_\_\_\_\_\_\_\_

 TOTAL TAX EXPENSE $\_\_\_\_\_\_\_\_\_\_\_\_\_

 G. Regular monthly payments I make on debts, i.e. credit cards, etc. $\_\_\_\_\_\_\_\_\_\_\_\_

 H. Child Support paid to other for children not in my custody and

 not involved in this proceeding $\_\_\_\_\_\_\_\_\_\_\_\_\_

 I. Maintenance or Alimony paid by me to persons other than my

 current spouse $\_\_\_\_\_\_\_\_\_\_\_\_\_

 J. Work-related Child Care (average school year and summer childcare) $\_\_\_\_\_\_\_\_\_\_\_\_\_

 K. Other Monthly Living Expenses

 MINE CHILDREN

 1. Food $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. Clothing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Medical Care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. Prescription Drugs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. Dental Care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

 6. Vision Care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

 7. Recreation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

 8. Barber/Beauty Shop $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9. School Books $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 10. School Lunches $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 11. Sports $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12. Activities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 13. Tutoring $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 14. Lessons $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 15. Newspapers/Magazines $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 16. Church/charitable $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 17. Cable TV/Dish $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 18. Internet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 19. Toiletries $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 20. Vacation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 21. Gifts $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 22. Pet Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 23. College Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 24. Other Expenses

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL OTHER EXPENSES $\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL AVERAGE MONTHLY EXPENSES (Add A through** **K) $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. MOTION TO MODIFY MAINTENANCE OR CHILD SUPPORT**

A. At the date of the last Order, the gross monthly income of the other party was $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. At the date of the last Order, my gross monthly income was $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 C. Names and Relationships of all persons residing in my residence:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 D. My spouse or co-habitant’s current monthly gross income is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF MISSOURI )

 ) SS.

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 COMES NOW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , being of lawful age and after being duly sworn, states that the affiant has read the foregoing Statement of Income and Expenses, 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 on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2003.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

My Commission Expires: