

IN THE CIRCUIT COURT OF

COUNTY, MISSOURI

IN RE THE MATTER OF:

PETITIONER

DATE

VS

CASE NUMBER

RESPONDENT

TEAM/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 _____

PAID: _____ Weekly _____ Biweekly _____ Semi-monthly _____ Monthly

Numbers of dependents claimed _____

Payroll Deductions:

FICA (Social Security Tax) _____

Federal Withholding Tax _____

State Withholding Tax _____

City Earnings Tax _____

Union Dues _____

Other:
Medicade/Medicare _____

Total Deductions each Pay Period	<u>\$0.00</u>
Net take home pay each pay period	<u>\$0.00</u>
Net take home pay each month	<u><u> </u></u>
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).	
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
Average Monthly Total	<u>\$0.00</u>
C. Total Average Net Monthly Income	<u>\$0.00</u>
D. Your share of the gross income shown on last year's Federal Income Tax Return	<u><u> </u></u>

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

A. Rent or Mortgage Payment	<u> </u>
B. Utilities	
1. Gas	<u> </u>
2. Water	<u> </u>
3. Electricity	<u> </u>
4. Telephone/Cable/Internet	<u> </u>
5. Cell Phone	<u> </u>
6. Sewer	<u> </u>
7. Trash Service	<u>\$0.00</u>
C. Automobiles	
1. Gas and Oil	<u> </u>
2. Maintenance (routine)	<u> </u>
3. Taxes and License	<u> </u>
4. Payment on the Auto Loan	<u>\$0.00</u>
D. Insurance	
1. Life	<u> </u>
2. Health & Accident	<u> </u>
3. Disability	<u> </u>

4. Homeowners (if not included in mortgage payment)		
5. Automobile		\$0.00

E. Total payment installments Contracts		
F. Child Support Paid to Others for children not in your Custody (excluding children of this marriage)		
G. Maintenance or Alimony (excluding Petitioner or Respondent herein)		
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 & Drugs		
4. Recreation		
5. Laundry and Cleaning		
6. Barber Shop or Beauty Shop		
7. School and Books		
Subtotals		

J. Day Care Center or Babysitter		
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K. All other Expenses Not Presently Identified (give as a monthly average)		

L. Total Average Monthly Expenses		\$0.00
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STATE OF MISSOURI
COUNTY OF ST. LOUIS

Comes now, _____, being of lawful age and after being duly sworn,
states that 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.

Subscribed and sworn to before me the undersigned Notary Public, on this _____ day of _____, 2016

My Commission expires:

Notary Public
