

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI  
FAMILY COURT DIVISION

At Kansas City  At Independence

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,  
and

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

\_\_\_\_\_  
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 included 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	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL OTHER EXPENSES</b>	\$ _____	\$ _____

**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: