_, MISSOURI IN THE CIRCUIT COURT OF **FAMILY COURT DIVISION** AT *In Re the Marriage of:* Petitioner, Case No.: _____ and Division No.: Respondent. INCOME AND EXPENSE STATEMENT OF I. INCOME GROSS WAGES PER PAY PERIOD A. ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly PAID: My MONTHLY Gross Wages or Salary: B. C. TAX STATUS Single Married Head of 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 (Itemize): \$ My total deductions each pay period \$ MY NET TAKE HOME PAY PER PAY PERIOD E. F. Additional Income: (List income from second jobs, rentals, Dividends, social security, retirement, VA, business enterprises, TANF, annuities, bonuses and all other sources) Income Source

G. The value of fringe benefits paid partially or totally

My total average monthly additional gross income

	by employer, i.e. health, disabi	by employer, i.e. health, disability insurance, etc. \$			
	H. MY TOTAL MONTHLY G				
II.	ANTICIPATED MONTHLY EX	XPENSES			
	A. Rent or mortgage payments (i	\$			
	B. Maintenance and repairs of re	. 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 n	\$			
	H. Child Support paid to other fo not involved in this proceeding	\$			
	Maintenance or Alimony paid current spouse	\$			
	J. Work-related Child Care (aver	rage school year and summe	er childcare)	\$	

	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	Y EXPENSES (Add A	through K) \$
MOTION TO MODIFY MAINT	TENANCE OR CHIL	D SUPPORT
A. At the date of the last Order, th	ne gross monthly incom	e of the other party was \$
3. At the date of the last Order, m	y gross monthly incom	ne was \$
C. Names and Relationships of all	l persons residing in my	y residence:

AFFIDAVIT

STATE OF)		
COUNTY OF) SS.)		
sworn, states that the at	ffiant has read the foregoing Starrect according to the affiant's b	atement of Income and Ex	penses, and that the facts
		AFFIANT	
Subscribed and	I sworn to before me on this	day of	, 20
		Notary Public	
My Commission Expir	es:		