

IN THE CIRCUIT COURT OF
STATE OF MISSOURI

COUNTY

IN RE THE MARRIAGE OF:

_____ ,

Petitioner,

and

_____ ,

Respondent.

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Case No.

Division

STATEMENT OF INCOME AND EXPENSE

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

NUMBER OF DEPENDENTS CLAIMED:

PAYROLL DEDUCTIONS:

FICA.....	\$
Medicare	\$
Federal Withholding Tax.....	\$
State Withholding Tax.....	\$
City Earnings Tax.....	\$
Union Dues	\$
Others	\$

.....
Total Deductions each Pay Period \$

Net Take Home Pay each Pay Period \$

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).

Average Monthly Total\$

C Total Average Net Monthly Income\$.....\$

D. Your share of the gross income shown on last year's Federal Income Tax Return %

2. Expenses required to maintain previous standard of living stated on a MONTHLY average

A. Rent or Mortgage Payments.....\$

B. Utilities

- 1. Gas \$
- 2. Water \$
- 3. Electricity..... \$
- 4. Telephone..... \$
- 5. Trash Service..... \$

TOTAL UTILITIES\$

C. Automobiles

- 1. Gas and Oil..... \$
- 2. Maintenance \$
- 3. Taxes and License..... \$
- 4. Payment on Auto Loan \$

TOTAL AUTOMOBILE EXPENSES\$

D. Insurance

- 1. Life \$
- 2. Health and Accident..... \$
- 3. Disability..... \$
- 4. Homeowners (if not included in mortgage payments) \$
- 5. Automobile..... \$

TOTAL INSURANCE\$

E. Total payments on Installment 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 and Dental Care, Drug	\$.....	\$.....
4. Recreation	\$.....	\$.....
5. Laundry and Cleaning	\$.....	\$.....
6. Barber Shop or Beauty Shop.....	\$.....	\$.....
7. School and Books.....	\$.....	\$.....
TOTAL.....	\$.....	\$.....

J. Day Care Center or Babysitter.....\$

K. All other Expenses not Presently Identified
(give as a monthly average)

Lawn Care	\$.....
Pet Supplies and Vet. Bills	\$.....
Gifts (Include Christmas)	\$.....
Appliance Repair	\$.....
House Maintenance (Paint, etc.)	\$.....
Cable T.V.....	\$.....

TOTAL ALL OTHER EXPENSES.....\$

L. **TOTAL AVERAGE MONTHLY EXPENSES**\$

STATE OF MISSOURI)
)
COUNTY OF ST. LOUIS) SS

Comes now _____, of lawful age, being duly sworn upon ___ oath, states that ___ is the said _____ named above; and that the facts stated herein are true and correct according to the best knowledge and belief of said _____.

Subscribed and sworn to before me the undersigned Notary Public, on this ___ day of _____, 200__.

Notary Public

I hereby certify that I mailed a copy of this Statement of Income and Expense to _____, attorney for (Petitioner)(Respondent) by depositing a copy thereof in the United States Mail, postage prepaid, this ___ day of _____, 200__.
