

INCOME AND EXPENSE STATEMENT OF

I. MY INCOME			
A. Gross wages, salary, commissions paid each pay period PAID: Weekly; bi-weekly; semi-monthly; monthly (circle one)			
B. My MONTHLY gross wages or salary			
C. My tax status claimed (single, married or head of household) Number of persons claimed as deductions			
D. Payroll deductions each pay period			
FICA (Social Security Tax)			
Federal withholding			
State withholding			
Medicare			
Health insurance			
Life insurance			
Total deductions each pay period:			
Net TAKE HOME pay each pay period:			
E. MY TAKE HOME PAY EACH MONTH:			
F. ADDITIONAL INCOME: List income from second job, rentals, dividends, Social Security, retirement, VA, business enterprises, AFDC, annuities, bonuses and all other sources. Identify and give monthly average from each source.			
MY TOTAL AVERAGE MONTHLY GROSS ADDITIONAL INCOME FROM ALL SOURCES:			
G. My TOTAL MONTHLY gross income from all sources (Line B PLUS Line F)			
H. My total gross income from tax returns for each of the last three calendar years (my share):			
2016			
2015			
2014			

II. MY SPOUSE'S CURRENT ESTIMATED MONTHLY GROSS INCOME:			
III. MY ANTICIPATED EXPENSES BASED ON MONTHLY AVERAGES:			
A. Rent or mortgage payment (including home association dues)			
B. Routine repairs/maintenance of residence			
C. Utilities			
1. Gas			
2. Water			
3. Electric			
4. Telephone			
5. Trash service			
6. Water softener			
7. Cable TV			
		Total Utility Expenses:	
D. Automobiles			
1. Gas & oil			
2. Maintenance			
3. Tax & license			
4. Payment of loan			
		Total Auto Expenses:	
E. Insurance			
1. Life			
2. Health, accident and dental			
3. Disability			
4. Homeowners			
5. Automobile			
		Total Insurance Expenses:	
F. Taxes			
1. Real estate (if not in mortgage payment)			
2. Personal property			
3. Automobile			
		Total Tax Expenses:	
G. Payments I make on debts listed on property statement			

H.	Child support I pay to others 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.	Church and charitable contributions			

K. OTHER LIVING EXPENSES:		Mine	Child(ren)
1.	Food		
2.	Clothing		
3.	Medical Care		
4.	Prescription Drugs		
5.	Dental Care		
6.	Recreation		
7.	Laundry / dry cleaning		
8.	Barber / beauty shop		
9.	School and books		
10.	School lunches		
11.	Lessons		
12.	Home maintenance (housekeeper, lawn service, etc.)		
13.	Exterminator		
14.	Veterinary Expenses		
15.	Sundries (drug store items)		
16.	Periodicals (newspapers, magazines, etc.)		
17.	Daycare or babysitter		
18.	Gifts (birthdays, Christmas, etc.)		
IF THERE ARE ANY OTHER EXPENSE CATEGORIES YOU NEED TO ADD, PLEASE DO - DON'T LIMIT YOURSELF TO THOSE THAT ARE LISTED			
Subtotal Other Living Expenses			

GRAND TOTAL AVERAGE MONTHLY EXPENSES:

STATE OF MISSOURI)
) ss.
COUNTY OF)

I certify under penalty of perjury that the above statement is complete, true, and accurate to the best of my knowledge and belief. I am aware of the criminal penalties for perjury and false affidavit under RSMo. 575.040, 575.050 and 575.060, which provide for imprisonment for up to five years and fine up to \$5,000.

Subscribed and sworn to before me, a notary public, this _____ day of _____, 2017.

Notary Public

My commission expires: