

Washington State Child Support Schedule

Worksheets (CSW)

Mother Marianne P Jones

Father Harold J Jones

County Philadelphia

Superior Court Case Number 44-32323

Children and Ages: Tiffany (7), Amber (4)			
Part I: Basic Child Support Obligation (See Instructions, Page 5)			
1. Gross Monthly Income	Father	Mother	
a. Wages and Salaries	\$ 15,250	\$ 4,117	
b. Interest and Dividend Income	\$ 42	\$ 42	
c. Business Income	\$ 0	\$ 167	
d. Spousal Maintenance Received	\$ 0	\$ 0	
e. Other Income	\$ 333	\$ 333	
f. Total Gross Monthly Income (add lines 1a through 1e)	\$ 15,625	\$ 4,659	
2. Monthly Deductions from Gross Income			
a. Income Taxes (Federal and State)	\$ 4,116	\$ 130	
b. FICA (Soc.Sec.+Medicare) / Self-Employment Taxes	\$ 677	\$ 339	
c. State Industrial Insurance Deductions	\$ 0	\$ 0	
d. Mandatory Union/Professional Dues	\$ 0	\$ 20	
e. Pension Plan Payments	\$ 0	\$ 0	
f. Spousal Maintenance Paid	\$ 0	\$ 0	
g. Normal Business Expenses	\$ 0	\$ 0	
h. Total Deductions from Gross Income (add lines 2a through 2g)	\$ 4,793	\$ 489	
3. Monthly Net Income (line 1f minus 2h)	\$ 10,832	\$ 4,170	
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3) (If combined monthly net income is less than \$600, skip to line 7.)		\$ 15,002	
5. Basic Child Support Obligation (enter total amount in box -->).			
Child #1 <u>767</u>	Child #3 <u>0</u>		
Child #2 <u>767</u>	Child #4 <u>0</u>	\$ 1,534	

	Father	Mother
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4).	0.7220	0.2780
7. Each Parent's Basic Child Support Obligation (multiply each number on line 6 by line 5) (If combined net monthly income on line 4 is less than \$600, enter each parent's support obligation of \$25 per child. Number of children: _____ . Skip to line 15a and enter this amount.)	\$ 1,108	\$ 426
Part II: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 7)		
8. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$ 333	\$ 0
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$ 0	\$ 0
c. Total Monthly Health Care Expenses (line 8a plus line 8b)	\$ 333	\$ 0
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 8c)	\$ 333	
e. Maximum Ordinary Monthly Health Care (multiply line 5 times .05)	\$ 77	
f. Extraordinary Monthly Health Care Expenses (line 8d minus line 8e., if "0" or negative, enter "0")	\$ 256	
9. Day Care and Special Child Rearing Expenses		
a. Day Care Expenses	\$ 0	\$ 477
b. Education Expenses	\$ 0	\$ 0
c. Long Distance Transportation Expenses	\$ 0	\$ 0
d. Other Special Expenses (describe) _____	\$ 0	\$ 0
_____	\$ 0	\$ 0
e. Total Day Care and Special Expenses (Add lines 9a through 9d)	\$ 0	\$ 477
10. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 9e)	\$ 477	
11. Total Extraordinary Health Care, Day Care, and Special Expenses (line 8f plus line 10)	\$ 733	
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 11)	\$ 529	\$ 204
Part III: Gross Child Support Obligation		
13. Gross Child Support Obligation (line 7 plus line 12)	\$ 1,637	\$ 630
Part IV: Child Support Credits (See Instructions, Page 7)		
14. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$ 333	\$ 0
b. Day Care and Special Expenses Credit	\$ 0	\$ 477
c. Other Ordinary Expenses Credit (describe) _____ _____	\$ 0	\$ 0
d. Total Support Credits (add lines 14a through 14c)	\$ 333	\$ 477

Part V: Standard Calculation/Presumptive Transfer Payment (See Instructions, Page 8)		
15. Standard Calculation	Father	Mother
a. Amount from line 7 if line 4 is below \$600. Skip to Part VI.	\$	\$
b. Line 13 minus line 14d, if line 4 is over \$600 (see below if appl.)	\$ 1,304	\$ 153
Limitation standards adjustments		
c. Amount on line 15b adjusted to meet 45% net income limitation	\$	\$
d. Amount on line 15b adjusted to meet need standard limitation	\$	\$
e. Enter the lowest amount of lines 15b, 15c or 15d:	\$ 1,304	\$ 153
Part VI: Additional Factors for Consideration (See Instructions, Page 8)		
16. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	\$ 103,750	\$ 152,500
b. Stocks and Bonds	\$ 0	\$ 0
c. Vehicles	\$ 0	\$ 0
d. Boats	\$ 0	\$ 0
e. Pensions/IRAs/Bank Accounts	\$ 12,555	\$ 23,207
f. Cash	\$ 0	\$ 0
g. Insurance Plans	\$ 0	\$ 0
h. Other (describe)	\$ 9,516	\$ 7,314
	\$	\$
	\$	\$
17. Household Debt (List liens against household assets, extraordinary debt.)		
MasterCard Bank Two	\$ 1,728	\$ 1,728
VISA Country Card	\$ 388	\$ 388
	\$	\$
	\$	\$
	\$	\$
18. Other Household Income		
a. Income Of Current Spouse (if not the other parent of this action)		
Name _____	\$	\$
Name _____	\$	\$
b. Income Of Other Adults In Household		
Name _____	\$	\$
Name _____	\$	\$
c. Income Of Children (if considered extraordinary)		
Name _____	\$	\$
Name _____	\$	\$
d. Income From Child Support		
Name _____	\$	\$
Name _____	\$	\$

Other Household Income (continued)	Father's Household	Mother's Household
e. Income From Assistance Programs Program _____ Program _____	\$ _____ \$ _____	\$ _____ \$ _____
f. Other Income (describe) _____ _____	\$ _____ \$ _____	\$ _____ \$ _____
19. Non-Recurring Income (describe) _____ _____	\$ _____ \$ _____	\$ _____ \$ _____
20. Child Support Paid For Other Children		
Name/age: _____ Name/age: _____ Name/age: _____	\$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____
21. Other Children Living In Each Household		
(First names and ages)		

22. Other Factors For Consideration		

