

IN THE _____, MISSOURI

Judge o	r Division:	Case Number:			
In RE the Petition	ne Marriage of : er:				
SSN (la	st four digits):				
Respon					
SSN (la	st four digits):		(I	Date File Stamp)	
	Income and Expense State	ement of			
		I. My Income			
A.	Gross wages or salary and commissions paid	I to me each pay period: ————	\longrightarrow		
	Paid:Weekly Bi-Weekly	Semi-Monthly I	Monthly		
B.	My monthly gross wages or salary: —				
C.	C. My tax status claimed: Single Married Head/Household Number of persons claimed as deductions				
D.	Payroll deductions each pay period:				
	FICA (social security tax)			7	
	Federal withholding tax				
	State withholding tax				
	City earning tax				
	Union dues			<u> </u> -	
	Health insurance				
	Others: (specify)			_	
				-	
	My total deductions each pay period: —	\rightarrow		1	
	My net take home pay each pay period:			-	
E.	My take home or net pay each month:		<u> </u>		
	E. Wry take nome of net pay each month.				
	Source		Amount	1	
	Source		Amount	-	
				-	
				_	
F.	F. My total monthly average gross additional income from all sources				
G.	My total monthly gross income from wages (line B) and additional income (line F)				
H.	H. Total gross income from my tax returns for each of the last 3 calendar years:				
	Ye	ear Income	_		
			_		
		• •	 		
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II. My Spouse's Current Estimated Monthly Gross Income				
	Source		Amount	
	Total	→		
	1000	/		
	III M., A.,4° (M.,)	-1 A T4		
	III.My Anticipated Expenses (Month	ily Average – Itemize)		
A.	Rent or mortgage payments (include home association dues)			
B.	Maintenance & repairs of residence			
C.	Utilities			
	1. Gas			
	2. Water			
	3. Electricity			
	4. Telephone			
	5. Trash Service			
	6. Other			
	Total Utility Expense —	\longrightarrow		
D. A	Autombiles			
	1. Gas and oil			
	2. Maintenance			
	3. Tax and license			
	4. Payment of Loan			
	5. Other			
	Total Automobile Expense	\longrightarrow		
E.	Insurance			
	1. Life			
	2. Health, accident & dental			
	3. Disability			
	4. Homeowners (if not in mortgage payment)			
	5. Automobile6. Other			
	Total Insurance Expense			
		→		
F.	Taxes			
	Real estate (if not in mortgage payment)			
	2. Personal property			
	3. Automobile			
	4. Other			
	Total Tax Expense	\rightarrow		
G.	Payments I make on debts			
H.				
I.	Maintenance or alimony paid by me to persons other than my current spou			
J.	Church and charitable contributions			

K. Other Living Expenses	Mine	Children in my Custody	Children in Spouse's Custody	Children in Joint Custody	
1. Food					
2. Clothing					I
3. Medical care					I
4. Prescription drugs					I
5. Dental care					I
6. Recreation7. Laundry and cleaning					I
8. Barber and beauty shop					I
9. School and books					I
10. School lunches					I
11. Lessons					I
12. Home maintenance					I
13. Other (itemize)					I
					I
					I
					I
					I
					I
Total other living expenses					
(total each column) \longrightarrow					I
(,					
L. Day care or babysitter					
E. Day care of babyshier					
Work related					I
2. Non-work related					I
Total day care/babsitter expenses					
(total each column)					I
	<u> </u>		<u> </u>	<u> </u>	
M. All other expenses not already identif	fied (express as mo	onthly average)			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
10.					
11.					
12.					
13.					
14.					
15.					
	Find -		<u> </u>	<u> </u>	
Total all other expenses not already identified					
Total average monthly expenses				\rightarrow	

(If this statement		V. Motion to Modify	y Information dify maintenance or child support,	complete this section)	
	ne last order for maintenance			complete uns section)	
	f the last order, the gross mo				
	f the last order, my gross mo				
	elationship to me of all perso		<u> </u>		
	Nai		Relationship		
			1		
				_	
				_	
				_	
				_	
E. Income each	year since modification for	each of the following person	ns		
Year	Petitioner	Petitioner's Co-Habitant	Respondent	Respondent's Co-Habitant	
_					
I certify unde knowledge and be	or penalty of perjury that the lief.	Affidavi above Income and Expense	e Statement is complete, true and accur	ate to the best of my	
			Affiant	Affiant	
Subscribed and sw	vorn to before me, the under	signed Notary Public, on	(da	ate).	
My Commission E	Expires:				
	Date			Notary Public	