PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT			
Prepared By (1): Petitioner Respondent Judiciary Court Staff IV-D Agency			
Name of person filing: (2) Date prepared (3)			
Petitioner (4) (6) Case No			
Respondent (5) (7) ATLAS No			
Time-sharing arrangement (8): Essentially equal Most			
Time-sharing arrangement (b) Essentiany equal Niost	ly with I differ Wios	try with whot	iici
(9) Child(ren)'s names (First, middle initial, and last name)	Date of birth (mo/day/year)		Age
			_
Presumptive termination date Actual termination	dateYounge	est grade _	
Number of minor children Number of children age 12 o	or over		
	Father	Mc	other
Gross Monthly Income (10)	\$, tilci
Spousal maintenance paid (11)	\$		
Spousal maintenance received (12)	\$+	\$+	
Custodial parent of other children subject of court order(s) (13)	T .	T -	
Father Moth	er \$	\$	
Court-ordered child support paid for children of other relationships (1		\$	
Other natural or adopted children not subject of court order(s) (1			
Father Moth		\$	
Standard deducti			
Alternate Deduction (only if less than standard deduction		\$	
Adjusted Gross Monthly Income (16)	\$	\$	
Combined Adjusted Gross Income (17)	\$		_
Basic Child Support Obligation for children (18)	\$		
Additions:			
Adjusted for children over age 12 at % (19)	\$		
Medical, dental and vision insurance paid (20)	\$	\$	
Monthly childcare costs (21) for child(ren)	\$	\$	
Less federal tax credit allowed to custodian at %	\$	\$	
Extra education expenses paid (22)	\$	\$	
Extraordinary (gifted or handicapped) child expenses paid (23)	\$	\$	
Subtotal (24) Total Adjustments for Costs (25)	\$	\$	
	· ·		_
Total Child Support Obligation (26)	\$		_
Each parent's proportionate percentage of combined income (2	· · · · · · · · · · · · · · · · · · ·		%
Each parent's proportionate share of the total support obligation (28)	\$	\$	
Less paying parent's costs (29)	\$	\$	

PARENT'S WORKSHEET FOR CHILD SUPPORT AMOUNT Costs associated with parenting time (30): Table A Table B No. of days ____ Line (18) x _____% Adjustments subtotal (31) **Preliminary Child Support Amount (32) Self Support Reserve Test for Payor (33)** Line (16) \$_____ Less paid arrears \$_____ Less \$903 Child support amount to be paid by (34): Father Mother **%** % Travel related to parenting time (35) Medical, dental, and vision costs not paid by insurance (36) % %