Washington State Child Support Schedule Worksheets

☒ Proposed by ☐ (name) _____ ☒ State of WA ☐ Other _____. (CSWP)
Or, ☐ Signed by the Judicial/Reviewing Officer. (CSW)

County DCS_____ **Case No**. EXAMPLE 1A_____

Child/ren and Age/s: Amy/10, Bob/10, Carol/10_____

Parents' names: EXAMPLE, DAD_____ **(Column 1)** EXAMPLE, MOM_____ **(Column 2)**

	Column 1	Column 2
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	$ 3000	$ 0
b. Interest and Dividend Income	$ 0	$ 0
c. Business Income	$ 0	$ 0
d. Maintenance Received	$ 0	$ 0
e. Other Income	$ 0	$ 0
f. Imputed Income	$ 0	$ 1500
g. Total Gross Monthly Income (add lines 1a through 1f)	$ 3000	$ 1500
2. Monthly Deductions from Gross Income		
a. Income Taxes **(**Federal and State**)**	$ 264	$ 84
b. FICA **(**Soc. Sec.+ Medicare**)**/Self-Employment Taxes	$ 230	$ 115
c. State Industrial Insurance Deductions	$ 0	$ 0
d. Mandatory Union/Professional Dues	$ 0	$ 0
e. Mandatory Pension Plan Payments	$ 0	$ 0
f. Voluntary Retirement Contributions	$ 0	$ 0
g. Maintenance Paid	$ 0	$ 0
h. Normal Business Expenses	$ 0	$ 0
i. Total Deductions from Gross Income (add lines 2a through 2h)	$ 494	$ 199
3. Monthly Net Income (line 1g minus 2i)	$ 2506	$ 1301
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	$ 3807	
5. Basic Child Support Obligation (enter total amount in box →) Child #1 $503 Child #3 $503 Child #5 _____ Child #2 $503 Child #4 _____	$ 1509	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	0.658	0.342

	Column 1	Column 2
Part II: Basic Child Support Obligation (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5.)	$ 993	$ 516
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the federal poverty guideline for a one-person family.)	$ 1265	
a. Is Combined Net Income Less Than $1,000? **If yes**, for each parent enter the presumptive $50 **per child**.	$ 0	$ 0
b. Is Monthly Net Income Less Than Self-Support Reserve? **If yes**, for that parent enter the presumptive $50 **per child**.	$ 0	$ 0
c. Is Monthly Net Income equal to or more than Self-Support Reserve? **If yes**, for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive $50 per child, whichever is greater.	$ 0	$ 150
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive $50 per child.	$ 993	$ 150
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	$ 0	$ 0
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	$ 0	$ 0
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	$ 0	$ 0
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	$ 0	
11. Day Care and Special Expenses		
a. Day Care Expenses	$ 0	$ 0
b. Education Expenses	$ 0	$ 0
c. Long Distance Transportation Expenses	$ 0	$ 0
d. Other Special Expenses (describe)	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
e. Total Day Care and Special Expenses (add lines 11a through 11d)	$ 0	$ 0
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	$ 0	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	$ 0	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	$ 0	$ 0
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	$ 993	$ 150

	Column 1	Column 2
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	$ 0	$ 0
b. Day Care and Special Expenses Credit	$ 0	$ 0
c. Other Ordinary Expenses Credit (describe)	$ 0	$ 0
d. Total Support Credits (add lines 16a through 16c)	$ 0	$ 0
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or $50 per child whichever is greater)	$ 993	$ 150
Part VII: Additional Informational Calculations		
18. 45 % of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	$ 1128	$ 585
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	$ 248	$ 38
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	$ 0	$ 0
b. Investments	$ 0	$ 0
c. Vehicles and Boats	$ 0	$ 0
d. Bank Accounts and Cash	$ 0	$ 0
e. Retirement Accounts	$ 0	$ 0
f. Other (describe)	$ 0	$ 0
	$ 0	$ 0
21. Household Debt (List liens against household assets, extraordinary debt.)		
	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
	$ 0	$ 0
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action) Name _____	$ 0	$ 0
Name _____	$ 0	$ 0
b. Income Of Other Adults In Household Name _____	$ 0	$ 0
Name _____	$ 0	$ 0

	Column 1	Column 2
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8 _____	$ 0	$ 0
d. Income Of Child(ren) (if considered extraordinary) Name _____ Name _____	$ 0 $ 0	$ 0 $ 0
e. Income From Child Support Name _____ Name _____	$ 0 $ 0	$ 0 $ 0
f. Income From Assistance Programs Program TANF_____ Program _____	$ 0 $ 0	$ 0 $ 0
g. Other Income (describe) _____ _____	$ 0 $ 0	$ 0 $ 0
23. Non-Recurring Income (describe) _____ _____	$ 0 $ 0	$ 0 $ 0
24. Child Support Owed, Monthly, for Biological or Legal Child(ren)		
Name/age: _____ Paid ☐ Yes ☐ No	$ 0	$ 0
Name/age: _____ Paid ☐ Yes ☐ No	$ 0	$ 0
Name/age: _____ Paid ☐ Yes ☐ No	$ 0	$ 0
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
26. Other Factors For Consideration		
Basic facts: Mom and Dad have three kids Dad earns $3,000 per month Mom could earn $1,500 per month if she'd work full time so we are imputing income to Mom This is Example 1A - transfer payment is $993/month Continued on next page.		

Other Factors for Consideration (continued) (attach additional pages as necessary)
This Worksheet was prepared using the Economic Table (RCW 26.19.020) that takes effect on 1/1/19. DCS used this Economic Table because: (1) current support starts on or after 1/1/19; or (2) if this is an arrears-only obligation, the debt period ends on or after 1/1/19.

Signature and Dates

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.

_____
Parent's Signature (Column 1)

_____
Parent's Signature (Column 2)

_____
Date   City

_____
Date   City

_____   _____
Judicial/Reviewing Officer   Date

This worksheet has been certified by the State of Washington Administrative Office of the Courts.
Photocopying of the worksheet is permitted.