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 1C _____

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	$ 2000	$ 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)	$ 2000	$ 1500
2. Monthly Deductions from Gross Income		
a. Income Taxes **(**Federal and State**)**	$ 144	$ 84
b. FICA **(**Soc. Sec.+ Medicare**)**/Self-Employment Taxes	$ 153	$ 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)	$ 297	$ 199
3. Monthly Net Income (line 1g minus 2i)	$ 1703	$ 1301
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	$ 3004	
5. Basic Child Support Obligation (enter total amount in box →) Child #1 $405 Child #3 $405 Child #5 _____ Child #2 $405 Child #4 _____	$ 1215	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	0.567	0.433

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	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.)	$ 689	$ 526
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. <u>Is Combined Net Income Less Than $1,000?</u> **If yes**, for each parent enter the presumptive $50 **per child**.	$ 0	$ 0
b. <u>Is Monthly Net Income Less Than Self-Support Reserve?</u> **If yes**, for that parent enter the presumptive $50 **per child**.	$ 0	$ 0
c. <u>Is Monthly Net Income equal to or more than Self-Support Reserve?</u> **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.	$ 438	$ 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.	$ 438	$ 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)	$ 100	$ 0
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	$ 0	$ 0
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	$ 100	$ 0
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	$ 100	
11. Day Care and Special Expenses		
a. Day Care Expenses	$ 0	$ 600
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	$ 600
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	$ 600	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	$ 700	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	$ 397	$ 303
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	$ 835	$ 453

	Column 1	Column 2
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	$ 100	$ 0
b. Day Care and Special Expenses Credit	$ 0	$ 600
c. Other Ordinary Expenses Credit (describe)	$ 0	$ 0
d. Total Support Credits (add lines 16a through 16c)	$ 100	$ 600
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)	$ 735	$ 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)	$ 766	$ 585
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	$ 110	$ 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 $2,000 per month Mom could earn $1,500 per month if she'd work full time so we are imputing income to Mom Continued on next page.		

Other Factors for Consideration (continued) (attach additional pages as necessary)

This is Example 1C - Mom pays daycare of $600/month - Dad pays health insurance premium of $100/month - transfer payment is $438/month

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.**