# 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 2B_____

**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 |

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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.) | $ 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. <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. | $ 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 <br> (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 <br> (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 <br>    (if not the other parent of this action) <br>    Name _____ | $ 0 | $ 0 |
|    Name _____ | $ 0 | $ 0 |
|    b. Income Of Other Adults In Household <br>    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 _____ | $ 0 | $ 0 |
| Name _____ | $ 0 | $ 0 |
| e. Income From Child Support Name _____ | $ 0 | $ 0 |
| Name _____ | $ 0 | $ 0 |
| f. Income From Assistance Programs Program TANF_____ | $ 0 | $ 0 |
| Program _____ | $ 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: Charlie/13_____ Paid ☒ Yes ☐ No | $ 500 | $ 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<br><br>This is Example 2B - no daycare - no health insurance premium - Dad has Continued on next page. | | |

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

another child for whom he pays $500/month - transfer payment is $833/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.

Whole Family Formula Applies -- lowest of the following amounts:
Basic Support Obligation (BSO) $993, Whole Family Formula Obligation $833,
and 45% Limitation Obligation $846.

Whole family formula applied based on support for a 4 child family because
DAD also has 1 biological/legal  child  listed on lines 24, 25 or 26. The
deviation amount based on a 4 child family instead of a 3 child family is
$160.

The Transfer Payment is $833.

The monthly support obligation for this case is not set as a per child
amount because the Whole Family Formula applies.

**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.**