

## 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. 000000000

Child/ren and Age/s: Ann/11

Parents' names: Doe, John (Column 1) Doe, Jane (Column 2)

	Column 1	Column 2
<b>Part I: Income</b> (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	\$ 3466	\$ 2600
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	\$ 0
g. Total Gross Monthly Income (add lines 1a through 1f)	\$ 3466	\$ 2600
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$ 320	\$ 216
b. FICA (Soc. Sec.+ Medicare)/Self-Employment Taxes	\$ 265	\$ 199
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)	\$ 585	\$ 415
3. Monthly Net Income (line 1g minus 2i)	\$ 2881	\$ 2185
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	\$ 5066	
5. Basic Child Support Obligation (enter total amount in box →) Child #1 <u>\$963</u> Child #3 _____ Child #5 _____ Child #2 _____ Child #4 _____	\$ 963	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	0.569	0.431

	Column 1	Column 2
<b>Part II: Basic Child Support Obligation</b> (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.)	\$ 548	\$ 415
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.)	\$ 1301	
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	\$ 0
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.	\$ 548	\$ 415
<b>Part III: Health Care, Day Care, and Special Child Rearing Expenses</b> (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
<b>Part IV: Gross Child Support Obligation</b>		
15. Gross Child Support Obligation (line 9 plus line 14)	\$ 548	\$ 415

	Column 1	Column 2
<b>Part V: Child Support Credits</b> (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
<b>Part VI: Standard Calculation/Presumptive Transfer Payment</b> (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$ 548	\$ 415
<b>Part VII: Additional Informational Calculations</b>		
18. 45 % of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$ 1296	\$ 983
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$ 137	\$ 104
<b>Part VIII: Additional Factors for Consideration</b> (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 _____ 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ 0
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ 0
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0	\$ 0
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
Bill, 4	X	
26. Other Factors For Consideration		
<p>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.</p> <p>Whole Family Formula Applies -- lowest of the following amounts: Basic Support Obligation (BSO) \$548, Whole Family Formula Obligation \$417, Continued on next page.</p>		

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

and 45% Limitation Obligation \$648.

Whole family formula applied based on support for a 2 child family because John also has 1 biological/legal child listed on lines 24, 25 or 26. The deviation amount based on a 2 child family instead of a 1 child family is \$131.

The Transfer Payment is \$417.

**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.**