

CHILD SUPPORT GUIDELINES WORKSHEET

Docket No: _____

I. NET MONTHLY INCOME OF PETITIONER, _____
 (claiming ___ child/children as tax dependents)

A. Sources and Amounts of Annual Income:

		\$			
		\$			
		\$			
	TOTAL:			\$	

B. Federal Tax Deduction:

Gross Annual Taxable Income (_____ untaxed)		\$	
less 1/2 self employment (FICA) tax		<	>
less federal adjustments to income		<	>
less personal exemptions, self + ___ dep.		<	>
less standard deduction		<	>
single [] h of h [] mfs [] mfj []		<	>
Net taxable income - federal		\$	
Federal tax liability (from tax table)			< _____ >
Federal Tax Credit for Dependent Children (nonrefundable)			+ _____
Federal Earned Income Credit (refundable)			+ _____

C. State Tax Deduction:

Gross Annual Taxable Income		\$	
less 1/2 self employment (FICA) tax		<	>
less state adjustments to income		<	>
less federal tax liability (adjusted for dependent tax credit)		<	>
less standard deduction		<	>
single [] h of h [] mfs [] mfj []		<	>
Net taxable income - state		\$	
State tax liability (from tax table)	\$		
less personal and dependent credits	<		>
plus school district surtax (___%)	+		
less Iowa Earned Income Credit	<		>

D. Social Security and Medicare Tax Deduction:

Annual earned income		\$	
Applicable rate (7.65% or 15.3%, as adjusted)		x	% >
Annual Social Security and Medicare tax liability			< _____ >

E. Other Deductions (Annual)

1. Union dues			< _____ >
2. Mandatory pension			< _____ >
3. Medical insurance premium			< _____ >
4. Affiant's unreimbursed medical expenses (up to \$300)			< _____ >
5. Prior court-ordered child support obligations			< _____ >
6. Court-ordered spousal support obligations			< _____ >
7. Deduction for ___ additional qualified dependents (from tables)			< _____ >
8. Child care expenses (present action)		\$	
less federal child care tax credit		<	>
less state child care tax credit		<	>
Net child care expenses			< _____ >

Net Annual Income \$ _____

Average Monthly Income (Petitioner) \$ _____

CHILD SUPPORT GUIDELINES WORKSHEET

II. NET MONTHLY INCOME OF RESPONDENT, _____
 (claiming ___ child/children as tax dependents)

A. Sources and Amounts of Annual Income:

		\$	
		\$	
		\$	
TOTAL:			\$ _____

B. Federal Tax Deduction:

Gross Annual Taxable Income (_____ untaxed)		\$	
less 1/2 self employment (FICA) tax		<	>
less federal adjustments to income		<	>
less personal exemptions, self + ___ dep.		<	>
less standard deduction		<	>
single [] h of h [] mfs [] mfj []		<	>
Net taxable income - federal		\$	
Federal tax liability (from tax table)			< _____ >
Federal Tax Credit for Dependent Children (nonrefundable)			+ _____
Federal Earned Income Credit (refundable)			+ _____

C. State Tax Deduction:

Gross Annual Taxable Income		\$	
less 1/2 self employment (FICA) tax		<	>
less state adjustments to income		<	>
less federal tax liability (adjusted for dependent tax credit)		<	>
less standard deduction		<	>
single [] h of h [] mfs [] mfj []		<	>
Net taxable income - state		\$	
State tax liability (from tax table)	\$		
less personal and dependent credits	<		>
plus school district surtax (___%)	+		
less Iowa Earned Income Credit	<		>

D. Social Security and Medicare Tax Deduction:

Annual earned income		\$	
Applicable rate (7.65% or 15.3%, as adjusted)		x	% >
Annual Social Security and Medicare tax liability			< _____ >

E. Other Deductions (Annual)

1. Union dues			< _____ >
2. Mandatory pension			< _____ >
3. Medical insurance premium			< _____ >
4. Affiant's unreimbursed medical expenses (up to \$300)			< _____ >
5. Prior court-ordered child support obligations			< _____ >
6. Court-ordered spousal support obligations			< _____ >
7. Deduction for ___ additional qualified dependents (from tables)			< _____ >
8. Child care expenses (present action)		\$	
less federal child care tax credit		<	>
less state child care tax credit		<	>
Net child care expenses			< _____ >

Net Annual Income \$ _____

Average Monthly Income (Respondent) \$ _____

III. CALCULATION OF THE GUIDELINE AMOUNT OF SUPPORT

A. Custodial parent's net monthly income \$ _____
 Noncustodial parent's net monthly income \$ _____

B. Number of children for whom support is sought _____
 Guideline percentage _____ %

C. Guideline amount of child support \$ _____

IV. EXTRAORDINARY VISITATION ADJUSTMENT (only if court-ordered visitation exceeds 127 overnights per year)

A. Guideline amount of child support \$ _____

B. Number of court-ordered visitation overnights with the non-custodial parent _____

C. Extraordinary Visitation Adjustment Percentage: _____ %
 If Line B above is 128-147 overnights 25% credit
 If Line B above is 148-166 overnights 30% credit
 If Line B above is 167 or more overnights 35% credit

D. Extraordinary Visitation Adjustment (Line A times Line C) \$ _____

E. Guideline Amount Adjusted for Extraordinary Visitation (Line A minus Line D) \$ _____

V. SPECIAL FINDINGS

A. Income imputed to Petitioner/Respondent

B. Estimated income of Petitioner/Respondent

C. Deviations made from Child Support Guidelines

D. Requested amount of child support \$ _____ per month

STATE OF IOWA, COUNTY OF _____: ss:

I, _____, do hereby swear or affirm that the foregoing statement is true, complete and correct as I verily believe from all information available to me at this time.

Date: _____

_____ (Petitioner/Respondent)

The undersigned attorney for the (Petitioner / Respondent) hereby certifies that the foregoing Child Support Guideline Worksheets were prepared by me or at my direction in good faith reliance upon information available to me at this time.

Date: _____

_____ (Attorney for Petitioner/Respondent)

FORM 2
CHILD SUPPORT GUIDELINES WORKSHEET

Date: _____

Docket No: _____

Dependents: _____

Noncustodial Parent's Income:

Custodial Parent's Income:

Name:

Name:

Method(s) Used to Determine Income

- () Parent's Financial Statement
- () Other Sources (Net)

Method(s) Used to Determine Income

- () Parent's Financial Statement
- () Other Sources (Net)

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____

Deductions:

Deductions:

Federal Income Tax: \$ _____

Federal Income Tax: \$ _____

State Income Tax: \$ _____

State Income Tax: \$ _____

Social Security: \$ _____

Social Security: \$ _____

Union Dues: \$ _____

Union Dues: \$ _____

Mandatory Pension: \$ _____

Mandatory Pension: \$ _____

Health Insurance Premium \$ _____

Health Insurance Premium \$ _____

Parent's unreimbursed
medical expenses not to
exceed \$25 per month: \$ _____

Parent's unreimbursed
medical expenses not to
exceed \$25 per month: \$ _____

Prior Court-Ordered Child
Support or Alimony
Obligation (if paid): \$ _____

Prior Court-Ordered Child
Support or Alimony
Obligation (if paid): \$ _____

Prior Court-Ordered Medical
Support (if paid): \$ _____

Prior Court-Ordered Medical
Support (if paid): \$ _____

*Qualif. Add. Depend. Deduct: \$ _____

Actual Child Care Expense
Due to Employment (less the
appropriate income tax credit): \$ _____

*Qualif. Add. Depend. Deduct: \$ _____

Total Net Monthly Income: \$ _____

Total Net Monthly Income: \$ _____

I. Noncustodial Parent's Total Net Monthly Income: \$ _____

Custodial Parent's Total Net Monthly Income: \$ _____

II. Number of Children for Whom Support is Sought: _____

III. Guideline Percentage/Specified Dollar Amount: \$ _____

IV. _____ X \$ _____ = \$ _____
 Percentage Noncustodial Parent's Net Monthly Income Guideline Amount of Child Support

V. EXTRAORDINARY VISITATION ADJUSTMENT: Complete only if noncustodial parent's court-ordered visitation exceeds 127 overnights per year.

A.	Guideline Amount of Child Support (Line IV above)	\$ _____
B.	Number of court-ordered visitation overnights with the noncustodial parent	_____
C.	Extraordinary Visitation Adjustment Percentage: If Line B above is 128-147 overnights 25% credit (0.25) If Line B above is 148-166 overnights 30% credit (0.30) If Line B above is 167 or more overnights 35% credit (0.35)	_____
D.	Extraordinary Visitation Adjustment (Line A times Line C)	\$ _____
E.	Guideline Amount Adjusted for Extraordinary Visitation (Line A minus Line D)	\$ _____

VI. Deviations: _____

VII. Recommended Amount of Support: \$ _____ per _____

VII-a. Recommended Amount of Accrued Support: \$ _____ See attachment _____

VIII. Changes in Support Obligation as Number of Children Entitled to Support Changes (Based on present income and guidelines):

Number of Children: _____

VIII-a. Guideline Percentage/Specified Dollar Amount: \$ _____ %

VIII-b. _____ X \$ _____ = \$ _____
 Percentage Noncustodial Parent's Net Monthly Income Guideline Amount of Child Support

VIII-b(1). EXTRAORDINARY VISITATION ADJUSTMENT: Complete only if noncustodial parent's court-ordered visitation exceeds 127 overnights per year.

A.	Guideline Amount of Child Support (Line VIII-b above)	\$ _____
B.	Number of court-ordered visitation overnights with the noncustodial parent	_____
C.	Extraordinary Visitation Adjustment Percentage: If Line B above is 128-147 overnights 25% credit (0.25) If Line B above is 148-166 overnights 30% credit (0.30) If Line B above is 167 or more overnights 35% credit (0.35)	_____
D.	Extraordinary Visitation Adjustment (Line A times Line C)	\$ _____
E.	Guideline Amount Adjusted for Extraordinary Visitation (Line A minus Line D)	\$ _____

Number of Children: _____

VIII-c. Guideline Percentage/Specified Dollar Amount: \$ _____ %

VIII-d. _____ X \$ _____ = \$ _____
 Percentage Noncustodial Parent's Net Monthly Income Guideline Amount of Child Support

VIII-d(1). EXTRAORDINARY VISITATION ADJUSTMENT: Complete only if noncustodial parent's court-ordered visitation exceeds 127 overnights per year.

A.	Guideline Amount of Child Support (Line VIII-c above)	\$ _____
B.	Number of court-ordered visitation overnights with the noncustodial parent	_____
C.	Extraordinary Visitation Adjustment Percentage: If Line B above is 128-147 overnights 25% credit (0.25) If Line B above is 148-166 overnights 30% credit (0.30) If Line B above is 167 or more overnights 35% credit (0.35)	_____
D.	Extraordinary Visitation Adjustment (Line A times Line C)	\$ _____
E.	Guideline Amount Adjusted for Extraordinary Visitation (Line A minus Line D)	\$ _____

IX. *Qualified Additional Dependent Deduction:

Child's Name	Whose Child	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<i>Court/Admin Order</i>	<i>In Q Symm & Consent</i>	<i>Paternity Affidavit</i>	<i>Child Born During Marriage</i>

STATE OF IOWA, COUNTY OF _____; ss:

I, _____, do hereby swear or affirm that the foregoing statement is true, complete, and correct as I verily believe from all the information available to me at this time.

Date: _____

 (Petitioner/Respondent)**

The undersigned attorney for the (petitioner/respondent) hereby certifies that the foregoing Child Support Guideline Worksheets were prepared by me or at my direction in good faith reliance upon information available to me at this time.

Date: _____

 (Attorney for the Petitioner/Respondent)**

Prepared by:

 Date: _____
 Date: _____

*See guidelines for the definition of this term.
 **Child Support Recovery Unit is not required to obtain signatures.