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COURT OF APPEALS
DIVISION II

2019 JUL 11 PM 2:29

STATE OF WASHINGTON

BY _____


COURT OF APPEALS DIVISION TWO
OF THE STATE OF WASHINGTON

DARNELL MOSLEY, Petitioner,

v.

ANGELIQUE MOSLEY, Respondent,

No. 53359-6

BRIEF OF APPELLANT

Law Office of Holly Stanton, PLLC
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WSBA#26853

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TABLE OF AUTHORITIES

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7. Other Authorities

A. Assignment of Error

No. 1. The trial court erred in entering the Child Support Order and Child Support Worksheets of Mrs. Mosley and denying Mr. Mosley's deductions for taxes paid for Military Pension income.

No. 2. The trial court erred in adding income of the spouse of Mr. Mosley to his gross monthly income

B. Issue Pertaining to Assignment of Error:

No. 1. Should the court follow RCW 26.19.071(5)(a) and deduct taxes paid on income in calculating net monthly income for purposes of determining child support?

No. 2. Can the court include income of a spouse in determining gross monthly income in violation of RCW 26.19.071(4)(a) which specifically excludes?

C. Statement of Case

Mrs. Mosley filed a Notice of Intent to Relocate on 10/22/18. CP 1. Mr. Mosley filed an Objection to Relocation on 11/1/18, which was served on 11/7/18. CP 3. Trial was held on April 17, 2019. The court entered final Child Support Orders on April 26, 2019. CP 6.

Mrs. Mosley requested that all pension income of Mr. Mosley's Military Pension, including that awarded to his first wife, should be included in the Mr. Mosley's calculation of gross monthly income. Mr. Mosley had remarried his first wife. Mrs. Mosley, the Respondent, is Petitioner's second wife. The court split the baby and added back half of the income awarded to Mr. Mosley's first wife to his income for purposes of determining gross income. Mr. Mosley offered and EX. 11 was admitted

into evidence. T. Ex. 11. EX. 11 included proof of award of Mr. Mosley's Military Pension to his first wife and proof of payments to her.

Additionally, Mrs. Mosley requested that the court not enter any taxes for Mr. Mosley's Military Income, even though Mr. Mosley had provided proof of the taxes paid in EX 11. The court entered Mrs. Mosley's proposed worksheets and did not include any taxes on Mr. Mosley's Military Pension and increased his gross income based on the court's previous ruling to split the baby on a previously awarded division of Mr. Mosley's Military Pension. The court made no findings regarding these issues in the Child Support Order entered on April 26, 2019. CP 6. Mr. Mosley offered and EX. 11 was admitted into evidence. EX. 11 included proof of taxes paid on Mr. Mosley's Pension through his tax return.

D. Summary of Argument.

1. The standard of review of a trial court's Order of Child Support is for abuse of discretion. In re Parentage of A.L., 185 Wn.App. 225, 238, 340 P.3d 260 (2014). But where statutory interpretation is the legal issue then the court will review the legal issue de novo. In re Parentage of K.R.P. 160 Wn.App. 215, 247 P.3d 491 (2011).
2. For purposes of determining gross income, RCW 26.19.071 should be complied with which outlines what is gross income and requires that income of a new spouse shall not be included in determining the gross income of a party.
3. Further, remarriage to a previous spouse does not negate the Decree of Dissolution award of property.

4. For purposes of determining net monthly income, RCW 26.19.071 should be complied with which mandates that “the following expenses shall be disclosed and deducted from gross monthly income to calculate net monthly income:
 - (a) federal and state taxes.”
5. The intent of the Legislature is clear “that the child support obligation should be equitably apportioned between the parents,” which cannot be achieved when gross income is overinflated and taxes are not calculated and deducted for income received to accurately calculate net monthly income.
6. Attorney’s fees should be awarded under RAP 14 and/or RCW 26.09.140.

E. Argument.

1. Generally, the standard of review of a trial court’s Order of Child Support is for abuse of discretion. In re Parentage of A.L., Supra. “A court abuses its discretion if its decision is manifestly unreasonable or based on untenable grounds, including an erroneous view of the law.” In re the Marriage of Fiorito, 112 Wash.App. 657, 663-4, 50 P.3d 298 (2002). A court abuses its discretion if its ruling “rests on unreasonable or untenable grounds, or if it bases its ruling on an erroneous view of the law or employs an incorrect legal analysis.” In re Parentage of A.L. Supra, citing Dix v ICT Grp., Inc, 160 Wn.2d 826, 833, 161 P.3d 1016 (2007). General versus specific findings, by the trial court, does not automatically require a vacation of the order, if there is evidence in the record to support the courts order. In re the Marriage of McCausland, 129 Wn.App. 390, 118 P.3d 944 (Div. 2 2005). “When a trial court fails to explicitly articulate findings of fact or distinguishes them from conclusions of

law, we exercise our discretion in determining what facts the court actually found.”

Tapper v State Emp’t Sec. Dep’t, 122 Wn.2d 397, 406, 858 P.2d 494 (1993).

But where statutory interpretation is the legal issue then the court will review the legal issue de novo. In re Parentage of K.R.P., Supra. When a pure question of law is presented, a de novo standard of review should be applied. Dix v ICT Grp., Inc, Supra; citing Ang v Martin, 154 Wash.2d 477, 481, 114 P.3d 637 (2005). Questions of law are reviewed de novo. Motor Contract Co. v Van Der Volgen, 182 Wash.449, 454, 298 P. 705 (1931).

Here there is a statutory interpretation at issue with mandatory “shall” language and Mr. Mosley should receive a de novo review.

2. For purposes of determining gross income, RCW 26.19.071 should be complied with which outlines what is considered as gross income and requires that income of a new spouse shall not be included in determining the gross income of a party.

RCW 26.19.071(4) Income sources excluded from gross monthly income. The following income and resources shall be disclosed but shall not be included in gross income:

- (a) Income of a new spouse or new domestic partner or income of other adults in the household;

The trial court “must first independently determine child support according to the statutory requirements.” In re Marriage of McCausland, Supra. “The court must adhere to the following procedure in setting support: compute the total income of the parents, RCW 26.19.071; determine the standard child support level from the economic table, RCW 26.19.020; decide whether to deviate from the standard calculation based on specific statutory factors, RCW 26.19.075; and allocate the support obligation to each parent based on each parent’s share of the combined net

income. RCW 26.19.080.” In re Marriage of Maples, 78 Wn.App. 696, 700, 899 P.2d 1 (1995).

Further the legislature chose to use mandatory language in RCW 26.19.071 when it stated that “monthly gross income shall include” and specifically lists what is gross monthly income. Additionally the legislature chose to use mandatory language that “following income and resources shall be disclosed but shall not be included in gross income” and specifically listed “income of a new spouse.” The court has held that “shall” indicates mandatory action. *Pierce v Yakima County*, 161 Wn.App. 791, 800-1, 251 P.3d 270 (2011). “Thus as a general rule, this court interprets statutory directives using the word ‘shall’ as mandatory or imperative in character.” In re *Parentage of K.R.P.*, *Supra*.

Here the court made no specific findings about the award of Pension to Mr. Mosley’s first wife and no specific findings about Mr. Mosley’s gross income or why the court used a split the baby approach. RW 26.19.071 is very clear that income and resources of any other person shall not be included in determining a parent’s gross monthly income. The trial court, although trying to find middle ground, split the baby, which added Mr. Mosley’s current spouse’s income into his gross monthly income in direct violation of the statute. There are no exceptions to this mandatory language. The parties standard income must be recalculated to exclude income awarded to Mr. Mosley’s current wife.

The evidence admitted supports that there was an award of Mr. Mosley’s Military Pension to his first wife, therefore this was not his income and should not have been included in his gross income per the mandatory language of RCW 26.19.071. See

pages 39-41, previously admitted EX. 11 with the trial court. The decision to include Mr. Mosley's current spouses income as his gross income violated RCW 26.19.071, is based on unreasonable or untenable grounds, with an erroneous view of the law and an incorrect legal analysis. Further the decision warrants a de novo review based on an appeal dealing with statutory interpretation.

3. Further, remarriage to a previous spouse does not negate their Decree of Dissolution award of property. Respondent argued that all of the previous award of Mr. Mosley's Military Income returned to him as his income upon his remarriage to his first wife. Here the court made no specific findings about the award from Mr. Mosley's previous divorce to his first wife. The court instead took a split the baby approach and ordered half of award of Mr. Mosley's Military Pension to his first wife, should be added back into his gross monthly income. Once the court enters order and finalizes a dissolution, remarriage does not nullify the court's order. Certainly if the parties sought out a second divorce, the court would not go back in time and re-award the community property of the parties accrued during their first marriage. The court would consider those property awards concluded and still in effect and act prospectively only addressing only new community property issues during the current marriage.
4. Further the evidence supports that there were taxes paid on Mr. Mosley's Military Pension and taxes should have been deducted per the mandatory language of RCW 26.19.071. See pages 43-51, previously admitted EX. 11 with the trial court. For purposes of determining net monthly income, RCW 26.19.071 should be complied with which mandates under RCW 26.19.071 that:

(5) Determination of net income. The following expenses shall be disclosed and deducted from gross monthly income to calculate net monthly income:

(a) Federal and state income taxes;

Here, the court made no specific findings about the tax liabilities. The legislature chose to use the mandatory language “shall” deduct federal and state taxes from income and therefore they are to be “taken into account when establishing the basic support obligation.” *In re Marriage of Daubert* 499 124 Wn. App. 483, 99 P.3d 401 (2004). The court in *Daubert*, held that a finding of fact was warranted where the court did not apply a requested back tax debt to the calculation. *Id.* Here the court made no finding regarding its decision to not allow tax deductions for Mr. Mosley’s Military Pension and the court’s decision was in direct violation of the statute. RCW 26.19.071. There are no exceptions to this mandatory language. Here Mr. Mosley’s taxes paid on his Military Pension received must be deducted from his gross monthly income to determine his net monthly income.

The decision to exclude Mr. Mosley’s taxes paid on his Military Pension from being deducted from gross income violated RCW 26.19.071, is based on unreasonable or untenable grounds, with an erroneous view of the law and an incorrect legal analysis.

Further the decision warrants a de novo review based on an appeal dealing with statutory interpretation.

5. The intent of the Legislature is clear “that the child support obligation should be equitably apportioned between the parents,” which cannot be achieved when gross income is overinflated and taxes are not calculated and deducted for income received to accurately calculate net monthly income. “In interpreting the child support statute our primary objective is to carry out the legislature’s

intent.” RCW. 26.09.001; In re Marriage of Daubert, Supra, citing: State v Esters, 84 Wn.App. 180, 184-5, 927 P.2d 1140 (1996). The court must give effect to the legislature’s intent and purpose. “If the statutes meaning is plain on its face, then the court must give effect to that plain meaning as an expression of legislative intent. Statutory interpretation is a legal issue that this court reviews de novo.” In re Parentage of K.R.P. Supra. “Where the meaning of the statute is clear from the language of the statute alone, there is no room for judicial interpretation.” In re Marriage of Maples, Supra; citing Kadoranian v Bellingham Police Dept., 119 Wash.2d 178, 185, 829 P.2d 1061 (1992). Here the court did not follow the legislature’s intent and purpose in utilizing mandatory “shall” language and failed to deduct taxes paid on Mr. Mosley’s Military Pension and erroneously included income of Mr. Mosley’s spouse as his income for determination of his gross monthly income.

6. Attorney’s fees. Under RAP 14 and/or RCW 26.09.140 the court can award fees to a prevailing party.

E. Conclusion.

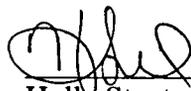
The mandatory language of RCW 26.19.071(5)(a) should be followed to give effect to the legislative intent of determining net monthly income by deducting federal and state income taxes. RCW 26.19.071 mandates that “federal and state taxes” “shall” be disclosed and deducted from gross monthly income. Mrs. Mosley requested that the court not include taxes for Mr. Mosley’s Military Pension income even though Mr. Mosley showed proof of taxes being paid on his pension income and the court approved the worksheets of Mrs. Mosley that were in direct violation

of RCW 26.19.071. Further, Mrs. Mosley argued that all of Mr. Mosley's Military Pension should be included in his gross income, including an amount that was previously awarded to his first wife and the court split the baby and ordered half of that income be included in the Mr. Mosley's gross income even though there was evidence provided that showed that it had been awarded to his first wife and was not his income for determination of gross income per RCW 26.19.071 (3)(n). This was in direct violation of RCW 26.19.071(4)(a) that mandates that the following income "shall not be included in gross income: (a) income of a new spouse ..."

RCW 26.09.001 details the intent of the legislature "that the child support obligation should be equitably apportioned between the parents," which cannot be achieved when gross income is overinflated and taxes are not calculated and deducted for income received. The Order of Child Support should be recalculated based on actual gross income of the Petitioner and all taxes on the Petitioner's pension must be included for purposes of determining net monthly income so that the legislative intent is achieved.

Dated this 11th day of July, 2019.

Respectfully Submitted,



Holly Stanton, WSBA#26853
Attorney for Appellant

F. Appendix.

A-1 Child Support Order dated April 26, 2019 (page 1-14)

A-2 Exhibit 11 admitted into evidence (page 15-66)

A-3 Transcript ordered and to be provided when received. (pages 67-__)

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Superior Court of Washington, County of PIERCE

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| <p>In re: Petitioner: DARNELL RAMON MOSLEY And Respondent: ANGELIQUE EDNA MOSLEY</p> | <p>No. 17-3-01116-8 Child Support Order <input checked="" type="checkbox"/> Final (ORS) <input checked="" type="checkbox"/> Clerk's Action Required: WSSR</p> |
|--|--|

Child Support Order

1. Money Judgment Summary

No money judgment is ordered.

Findings and Orders

2. The court orders child support as part of this family law case. This is a *(check one)*:
final order.

3. The *Child Support Schedule Worksheets* attached or filed separately are approved by the court and made part of this Order.

4. Parents' contact and employment information

Each parent must fill out and file with the court a *Confidential Information* form (FL All Family 001) including personal identifying information, mailing address, home address, and employer contact information.

Important! If you move or get a new job any time while support is still owed, you must:

- Notify the Support Registry, and
- Fill out and file an updated *Confidential Information* form with the court.

Warning! Any notice of a child support action delivered to the last address you provided on the *Confidential Information* form will be considered adequate notice, if the party trying to serve you has shown diligent efforts to locate you.

5. Parents' Income

| | |
|--|---|
| Parent (name): Darnell Mosley | Parent (name): Angelique Mosley |
| Net monthly income \$ 6,032.07. <i>(line 3 of the Worksheets)</i> This income is <i>(check one)</i> : this parent's actual income <i>(after any exclusions approved below)</i> . | Net monthly income \$3,548.99. <i>(line 3 of the Worksheets)</i> This income is <i>(check one)</i> : this parent's actual income <i>(after any exclusions approved below)</i> . |
| Does this parent have income from overtime or a 2nd job? No. <i>(Skip to 6.)</i> | Does this parent have income from overtime or a 2nd job? No. <i>(Skip to 6.)</i> |

6. Imputed Income

To calculate child support, the court may **impute** income to a parent:

- whose income is unknown, or
- who the Court finds is unemployed or under-employed by choice.

Imputed income is not actual income. It is an assigned amount the court finds a parent could or should be earning. (RCW 26.19.071(6))

| | |
|---|---|
| Parent (name): Darnell Mosley | Parent (name): Angelique Mosley |
| Does not apply. This parent's actual income is used. <i>(Skip to 7.)</i> | Does not apply. This parent's actual income is used. <i>(Skip to 7.)</i> |

7. Limits affecting the monthly child support amount

Does not apply. The monthly amount was not affected by the upper or lower limits in RCW 26.19.065.

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8. **Standard Calculation**

| Parent Name | Standard calculation Worksheets line 17 |
|-----------------------|--|
| Darnell Ramon Mosley | \$863.11 |
| Angelique Edna Mosley | \$550.89 |

9. **Deviation from standard calculation**

Should the monthly child support amount be different from the standard calculation?

No - The monthly child support amount ordered in section 10 is the same as the standard calculation listed in section 8 because (check one):

10. **Monthly child support amount (transfer payment)**

After considering the standard calculation in section 8, and whether or not to apply a deviation in section 9, the court orders the following monthly child support amount (transfer payment).

(Name): Darnell Mosley must pay child support to (name): Angelique Mosley each month as follows for the children listed below (add lines for additional children if needed):

| Child's Name | Age | Amount |
|--|-----|------------------|
| 1. Savannah Grace Mosley | 7 | \$863.11 |
| Total monthly child support amount: | | \$ 863.11 |

11. **Starting date and payment schedule**

The monthly child support amount must be paid starting (month, year): April 2019 on the following payment schedule:

In one payment each month by the 1st day of the month.

12. **Step Increase (for modifications or adjustments only)**

Does not apply.

3. **Periodic Adjustment**

Child support may be changed according to state law. The Court is not ordering a specific periodic adjustment schedule below.

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14. **Payment Method** (*check either Registry or Direct Pay*)

Registry – Send payment to the Washington State Support Registry. The Division of Child Support (DCS) will forward the payments to the person owed support and keep records of all payments.

Address for payment: Washington State Support Registry
PO Box 45868, Olympia, WA 98504

Phone number/s: 1 (800) 922-4306 or 1 (800) 442-5437

Important! *If you are ordered to send your support payments to the Washington State Support Registry, and you pay some other person or organization, you will not get credit for your payment.*

DCS Enforcement (*if Registry is checked above*):

DCS will enforce this order because (*check all that apply*):

One of the parties has already asked DCS for services.

15. **Enforcement through income withholding (garnishment)**

DCS or the person owed support can collect the support owed from the wages, earnings, assets or benefits of the parent who owes support, and can enforce liens against real or personal property as allowed by any state's child support laws without notice to the parent who owes the support.

If this order is not being enforced by DCS and the person owed support wants to have support paid directly from the employer, the person owed support must ask the court to sign a separate wage assignment order requiring the employer to withhold wages and make payments. (Chapter 26.18 RCW.)

Income withholding may be delayed until a payment becomes past due if the court finds good reason to delay.

Does not apply. There is no good reason to delay income withholding.

16. **End date for support**

Support must be paid for each child until (*check one*):

the child turns 18 or is no longer enrolled in high school, whichever happens last, unless the court makes a different order in section 17.

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17. **Post-secondary educational support (for college or vocational school)**

Reserved - A parent or non-parent custodian may ask the court for post-secondary educational support at a later date without showing a substantial change of circumstances by filing a *Petition to Modify Child Support Order* (form FL Modify 501). The *Petition* must be filed *before* child support ends as listed in section **16**.

18. **Claiming children as dependents on tax forms**

The parties have the right to claim the children as their dependents on their tax forms as follows (*check one*):

Alternating - (*name*): Angelique Mosley has the right to claim the children for (*check one*): odd years. The other parent has the right to claim the children for the opposite years, so long as he is current in all support obligations as of December 31st of that year.

For tax years when a non -custodial parent has the right to claim the children, the parents must cooperate to fill out and submit IRS Form 8332 in a timely manner.

19. **Medical Support**

Important! Read the *Medical Support Warnings* at the end of this order. *Medical Support* includes health insurance (both public and private) and cash payments towards premiums and uninsured medical expenses.

Private health insurance ordered. (*Name*): Darnell Mosley must pay the premium to provide health insurance coverage for the child. The court has considered the needs of the child, the cost and extent of coverage, and the accessibility of coverage.

The other parent must pay his/her proportional share* of the premium paid. Health insurance premiums (*check one*):

are included on the *Worksheets* (line 14). No separate payment is needed.

Neither parent can be ordered to pay an amount towards health care coverage premiums that is more than 25% of his/her basic support obligation (*Worksheets*, line 19) unless the court finds it is in the best interest of the child.

20. **Health care coverage if circumstances change or court has not ordered**

If the parties' circumstances change, or if the court is not ordering how health care coverage must be provided for the children in section **19**:

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- A parent, non-parent custodian, or DCS can enforce the medical support requirement.
- If a parent does not provide proof of accessible health care coverage (coverage that can be used for the children's primary care), that parent must:
 - Get (or keep) insurance through his/her work or union, unless the insurance costs more than 25% of his/her basic support obligation (line 19 of the *Worksheets*),
 - Pay his/her share of the other parent's monthly premium up to 25% of his/her basic support obligation (line 19 of the *Worksheets*), or
 - Pay his/her share of the monthly cost of any public health care coverage, such as Apple Health or Medicaid, which is assigned to the state.

21. Children's expenses not included in the monthly child support amount

Uninsured medical expenses - Each parent is responsible for a share of uninsured medical expenses as ordered below. Uninsured medical expenses include premiums, co-pays, deductibles, and other health care costs not paid by health care coverage.

| Children's Expenses for: | Parent (name): | Parent (name): | Make payments to: | |
|----------------------------|--|--|-----------------------------|-------------------------------------|
| | Darnell Mosley pays monthly | Angelique Mosley pays monthly | Person who pays the expense | Service Provider |
| Uninsured medical expenses | <input checked="" type="checkbox"/> Proportional Share* <input checked="" type="checkbox"/> 63%** | <input checked="" type="checkbox"/> Proportional Share* <input checked="" type="checkbox"/> 37%** | | <input checked="" type="checkbox"/> |

* Proportional Share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.

** If the percentages ordered are different from the Proportional Share, explain why:

In the event that either parent has to pay the other parent's share of uninsured medical expenses, the parent who pays the expense shall provide a receipt to the other parent, and the parent who owes money shall reimburse the other parent in full within 14 days.

Other shared expenses (check one):

The parents will share the cost for the expenses listed below (check all that apply):

| Children's Expenses for: | Parent (name): | Parent (name): | Make payments to: | |
|--------------------------|-----------------------------|-------------------------------|-----------------------------|------------------|
| | Darnell Mosley pays monthly | Angelique Mosley pays monthly | Person who pays the expense | Service Provider |
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| Children's Expenses for: | Parent (name): Darnell Mosley pays monthly | Parent (name): Angelique Mosley pays monthly | Make payments to: | |
|---|--|--|-------------------------------------|-------------------------------------|
| | | | Person who pays the expense | Service Provider |
| <input checked="" type="checkbox"/> Day care: Work related only | <input checked="" type="checkbox"/> Proportional Share* <input checked="" type="checkbox"/> 63%** | <input checked="" type="checkbox"/> Proportional Share* <input checked="" type="checkbox"/> 37%** | | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Long-distance transportation: Child's ticket cost | <input checked="" type="checkbox"/> Proportional Share* <input checked="" type="checkbox"/> 63%** | <input checked="" type="checkbox"/> Proportional Share* <input checked="" type="checkbox"/> 37%** | <input checked="" type="checkbox"/> | |
| <input checked="" type="checkbox"/> Other (specify): Agreed upon extra-curricular activities | <input checked="" type="checkbox"/> Proportional Share* <input checked="" type="checkbox"/> 63%** | <input checked="" type="checkbox"/> Proportional Share* <input checked="" type="checkbox"/> 37%** | | <input checked="" type="checkbox"/> |

* Proportional Share is each parent's percentage share of the combined net income from line 6 of the Child Support Schedule Worksheets.

** If any percentages ordered are different from the Proportional Share, explain why:

Other:

In the event that one parent has to cover the other parent's share of anything listed above, they shall provide proof of cost. The parent who owes money for reimbursement shall reimburse the other party in full within 14 days of being provided proof of cost.

Only the cost of the child's tickets shall be split proportionally. Each parent shall be responsible for the cost of their own ticket if they fly with the child.

A person receiving support can ask DCS to collect:

- expenses owed directly to him/her.
- reimbursement for expenses the person providing support was ordered to pay.
- an order for a money judgment that s/he got from the court.

22. Past due child support, medical support and other expenses

This order does not address any past due amounts or interest owed.

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23. Overpayment caused by change

Does not apply.

24. Other Orders

All the *Warnings* below are required by law and are incorporated and made part of this order.



Ordered.

4/26/19
Date

[Signature]
Judge or Commissioner
TIMOTHY L. ASHCRAFT

Petitioner and Respondent or their lawyers fill out below:

This document (*check any that apply*):

- Is an agreement of the parties
- Is presented by me
- May be signed by the court without notice to me

This document (*check any that apply*):

- Is an agreement of the parties
- Is presented by me
- May be signed by the court without notice to me

Petitioner signs here or lawyer signs here + WSBA #

Respondent signs here or lawyer signs here + WSBA # 31150

Holly Stanton
Print Name Date

Desiree S. Hosannah
Print Name Date

[X] Parent or Non-Parent Custodian applies for DCS enforcement services:

I ask the Division of Child Support (DCS) to enforce this order. I understand that DCS will keep \$25 each year as a fee if DCS collects more than \$500, unless I ask to be excused from paying this fee in advance. (You may call DCS at 1-800-442-5437. DCS will not charge a fee if you have ever received TANF, tribal TANF, or AFDC.)

Parent or Non-Parent Custodian signs here (lawyer cannot sign for party) Angelique Mosley
Print name Date

All the warnings below are required by law and are part of the order. Do not remove.

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Warnings!

If you don't follow this child support order...

- DOL or other licensing agencies may deny, suspend, or refuse to renew your licenses, including your driver's license and business or professional licenses, and
- Dept. of Fish and Wildlife may suspend or refuse to issue your fishing and hunting licenses and you may not be able to get permits. (RCW 74.20A.320)

If you receive child support...

You may have to:

- Document how that support and any cash received for the children's health care was spent.
- Repay the other parent for any day care or special expenses included in the support if you didn't actually have those expenses. (RCW 26.19.080)

Medical Support Warnings!

The parents must keep the Support Registry informed whether or not they have access to health care coverage for the children at a reasonable cost, and provide the policy information for any such coverage.

If you are ordered to provide children's health care coverage...

You have 20 days from the date of this order to send:

- proof that the children are covered, or
- proof that health care coverage is not available as ordered.

Send your proof to the other parent or to the Support Registry (if your payments go there).

If you do not provide proof of health care coverage:

- The other parent or the support agency may contact your employer or union, without notifying you, to ask for direct enforcement of this order (RCW 26.18.170), and
- The other parent may:
 - Ask the Division of Child Support (DCS) for help,
 - Ask the court for a contempt order, or
 - File a Petition in court.

Don't cancel your employer or union health insurance for your children unless the court approves or your job ends and you no longer qualify for insurance as ordered in section 19.

If an insurer sends you payment for a medical provider's service:

- you must send it to the medical provider if the provider has not been paid; or
- you must send the payment to whoever paid the provider if someone else paid the provider; or
- you may keep the payment if you paid the provider.

If the children have public health care coverage, the state can make you pay for the cost of the monthly premium.

Always inform the Support Registry and any parent if your access to health care coverage changes or ends.

4/30/2019 530 0067



Washington State Child Support Schedule Worksheets

[X] Proposed by [X] [] State of WA (CSWP)
 Or, [] Signed by the Judicial/Reviewing Officer. (CSW)

County PIERCE **Case No.** 17-3-01116-8
Child/ren and Age/s: Savannah Grace Mosley, 7
Parents' names: Darnell Ramon Mosley Angelique Edna Mosley
(Column 1) (Column 2)

| | Darnell | Angelique |
|--|------------|------------|
| Part I: Income (see Instructions, page 6) | | |
| 1. Gross Monthly Income | | |
| a. Wages and Salaries | \$4,883.00 | \$4,666.10 |
| b. Interest and Dividend Income | - | - |
| c. Business Income | - | - |
| d. Maintenance Received | - | - |
| e. Other Income | \$1,874.25 | - |
| f. Imputed Income | - | - |
| g. Total Gross Monthly Income (add lines 1a through 1f) | \$6,757.25 | \$4,666.10 |
| 2. Monthly Deductions from Gross Income | | |
| a. Income Taxes (Federal and State) Tax Year: 2019 | \$351.63 | \$457.75 |
| b. FICA (Soc. Sec. + Medicare)/Self-Employment Taxes | \$373.55 | \$356.96 |
| c. State Industrial Insurance Deductions | - | \$173.20 |
| d. Mandatory Union/Professional Dues | - | - |
| e. Mandatory Pension Plan Payments | - | - |
| f. Voluntary Retirement Contributions | - | \$129.20 |
| g. Maintenance Paid | - | - |
| h. Normal Business Expenses | - | - |
| i. Total Deductions from Gross Income (add lines 2a through 2h) | \$725.18 | \$1,117.11 |
| 3. Monthly Net Income (line 1g minus 2i) | \$6,032.07 | \$3,548.99 |
| 4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3) | \$9,581.06 | |
| 5. Basic Child Support Obligation Number of children: 1 x \$1414.00 per child (enter total amount in box →) | \$1,414.00 | |
| 6. Proportional Share of Income (divide line 3 by line 4 for each parent) | .630 | .370 |

0068

530

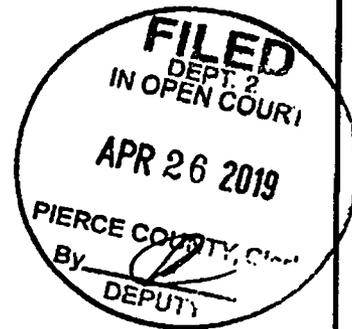
4/30/2019

| | Darnell | Angelique |
|--|------------|-----------|
| Part II: Basic Child Support Obligation (see Instructions, page 7) | | |
| 7. Each Parent's Basic Child Support Obligation without consideration of low income limitations (Each parent's Line 6 times Line 5.) | \$890.82 | \$523.18 |
| 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.) | \$1,301.00 | |
| a. Is combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child. | - | - |
| b. Is Monthly Net Income Less Than Self-Support Reserve? If yes, for that parent enter the presumptive \$50 per child. | - | - |
| 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. | - | - |
| 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. | \$890.82 | \$523.18 |
| 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) | \$74.90 | - |
| b. Uninsured Monthly Health Care Expenses Paid for Child(ren) | - | - |
| c. Total Monthly Health Care Expenses (line 10a plus line 10b) | \$74.90 | - |
| d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c) | \$74.90 | |
| 11. Day Care and Special Expenses | | |
| a. Day Care Expenses | - | - |
| b. Education Expenses | - | - |
| c. Long Distance Transportation Expenses | - | - |
| d. Other Special Expenses (describe) | - | - |
| | - | - |
| | - | - |
| | - | - |
| e. Total Day Care and Special Expenses (Add lines 11a through 11d) | - | - |
| 12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e) | - | |
| 13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12) | \$74.90 | |
| 14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13) | \$47.19 | \$27.71 |
| Part IV: Gross Child Support Obligation | | |
| 15. Gross Child Support Obligation (line 9 plus line 14) | \$938.01 | \$550.89 |

| | Darnell | Angelique |
|--|------------|------------|
| Part V: Child Support Credits (see Instructions, page 9) | | |
| 16. Child Support Credits | | |
| a. Monthly Health Care Expenses Credit | \$74.90 | - |
| b. Day Care and Special Expenses Credit | - | - |
| c. Other Ordinary Expenses Credit (describe) | - | - |
| | - | - |
| | - | - |
| d. Total Support Credits (add lines 16a through 16c) | \$74.90 | - |
| 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) | \$863.11 | \$550.89 |
| 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) | \$2,714.43 | \$1,597.05 |
| 19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent) | \$222.71 | \$130.80 |
| 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 | - | - |
| b. Investments | - | - |
| c. Vehicles and Boats | - | - |
| d. Bank Accounts and Cash | - | - |
| e. Retirement Accounts | - | - |
| f. Other: (describe) | - | - |
| | - | - |
| | - | - |
| | - | - |
| 21. Household Debt (List liens against household assets, extraordinary debt.) | | |
| a. | - | - |
| b. | - | - |
| c. | - | - |
| d. | - | - |
| e. | - | - |
| f. | - | - |
| 22. Other Household Income | | |
| a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action) | | |
| Name | - | - |
| Name | - | - |
| b. Income Of Other Adults in Household | | |
| Name | - | - |
| Name | - | - |

0071
4/30/2019 530

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



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

[Signature] *4/26/19*
Judicial/Reviewing Officer **TIMOTHY L. ASHCRAFT**

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

A2

Trial Exhibit
11

December 17 2018 4:01 PM

KEVIN STOCK
COUNTY CLERK
NO: 17-3-01116-8

Superior Court of Washington, County of Pierce

In re:

Petitioner/s (person/s who started this case):

Darnell Mosley

And Respondent/s (other party/parties):

Angelique Mosley

No. 17-3-01116-8

Sealed Financial Source Documents
(Cover Sheet)

(SEALFN)

Clerk's action required.

For use in Family Law and Guardianship cases.

**Sealed Financial Source Documents
(Cover Sheet)**

Use this form as a cover sheet to keep your financial documents private from the public. On the first page of each document, write the word "SEALED" 1 inch from the top of the page.

Check the documents you are attaching to this cover sheet to be sealed:

Income tax records

Pay stubs or other proof of earnings

Credit card statements

Bank statements

Checks for maint Jan-June 2018

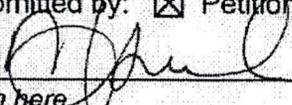
Loan application documents

Check registers

Retirement plan orders

Other financial information sealed by court order (specify): car loan payments, car repair costs, cash advance loans, letter from New Community Church re: Pay, DSHS communication from case worker and case payment history, proof of checks sent to first wife per award of retirement in the amount of \$817/mo

Submitted by: Petitioner or his/her lawyer Respondent or his/her lawyer

▶ 

Holly Stanton/WSBA#26853

Sign here

Print name (if lawyer, also provide WSBA #)

Important! The other person and the lawyers in your case can see your sealed documents. If you need to keep your address information private for safety reasons, you may cross out or delete your address information.



December 3, 2018

Re: Pastor Darnell R. Mosley
New Community Church of Federal Way
34211 Pacific Hwy South
PO Box 24745
Federal Way, WA 98093

To Whom It May Concern:

Darnell R. Mosley is the founding Pastor of New Community Church of Federal Way since September 2002. His future employment as the Pastor are excellent and no change is foreseen. His base salary is \$58,600 and he is eligible for performance bonus as the Board of Directors determines. His income will continue and be filed in 2018.

Should you have any questions regarding Pastor Mosley's pay feel free to contact me at 206 402-1529 or by email at eight_oclock@yahoo.com.

Sincerely,

A handwritten signature in black ink, appearing to be "BP", written over a white background.

Bob Peterson, Treasurer
New Community Church of Federal Way

Payment History

Current Paid Through Date : 12/31/2018

| Payment Date | Payment Amount | Payment Method |
|--------------|----------------|----------------|
| 12/04/2018 | \$48.18 | EFT |
| 11/02/2018 | \$48.18 | EFT |
| 10/02/2018 | \$48.18 | EFT |
| 09/05/2018 | \$48.18 | EFT |
| 08/03/2018 | \$48.18 | EFT |
| 07/04/2018 | \$48.18 | EFT |
| 06/02/2018 | \$48.18 | EFT |
| 05/02/2018 | \$48.18 | EFT |
| 04/03/2018 | \$48.18 | EFT |
| 03/03/2018 | \$48.18 | EFT |
| 02/06/2018 | \$48.18 | EFT |

Secure Tools

- [Secure Portal](#)
- [Eligibility & Deductible](#)
- [Make Enrollment Payment](#)
- [Change My Payment Method](#)
- [View Billing Information](#)
- [View Payment History](#)
- [Check Authorization Status](#)
- [Change an Authorization](#)
- [Check Claim Status](#)
- [View Summary TEOB](#)
- [Update Other Health Insurance](#)
- [Create Annual Benefits Summary Report](#)
- [Nominate a Beneficiary For Case or Disease Management](#)
- [Preventive Services](#)
- [Ask Us a Question](#)
- [Upload a Document](#)

Search... Q

FEDVIP Dental

2019 Plans

2018 Plans

United Concordia Dental, PPO High
Self and Family
\$136.65 Monthly
Effective: 01/01/2019

Covered family members
Savannah G Mosley
Denise G Mosley

Back to My BENEFEDES

Change plan

Coverage details

Cancel plan

RETIREE ACCOUNT STATEMENT

STATEMENT
EFFECTIVE DATE
OCT 23, 2018

NEW PAY DUE AS OF
NOV 01, 2018

SSN
*****1768

PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES

SMS DARNELL R MOSLEY USAF RET
PO BOX 1468
MILTON WA 98354-1468

DFAS-CL POINTS OF CONTACT

Defense Finance and Accounting Service
US Military Retirement Pay
8899 E 56TH Street
Indianapolis, IN 46249-1200

COMMERCIAL (216) 522-5955
TOLL FREE 1-800-321-1080
TOLL FREE FAX 1-800-469-6559

myPay
<https://myPay.dfas.mil>

PAY ITEM DESCRIPTION

| ITEM | OLD | NEW | ITEM | OLD | NEW |
|----------------|-----|----------|-----------------|-----|--------|
| GROSS PAY | .00 | 2,221.00 | ALLOTMENTS | .00 | 80.15 |
| VA WAIVER | .00 | 450.15 | GARNISHMENT DED | .00 | 850.00 |
| TAXABLE INCOME | .00 | 1,770.85 | NET PAY | .00 | 840.70 |

PAYMENT ADDRESS

DIRECT DEPOSIT

YEAR TO DATE SUMMARY (FOR INFORMATION ONLY)

TAXABLE INCOME: 17,708.50
FEDERAL INCOME TAX WITHHELD: .00

TAXES

FEDERAL WITHHOLDING STATUS: MARRIED 04
TOTAL EXEMPTIONS:

SURVIVOR BENEFIT PLAN (SBP) COVERAGE

NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.

| ALLOTMENTS AND BONDS | | |
|--|--------------------|-----------------|
| ALLOTMENT TYPE | PAYEE | AMOUNT |
| INSURANCE | DELTA DENTAL OF CA | 80.15 |
| GARNISHMENT DEDUCTIONS | | |
| PAYEE | GARNISHMENT AMOUNT | COMPLETION DATE |
| WA STATE SUPPORT REGISTRY | 850.00 | INDEFINITE |
| ARREARS OF PAY BENEFICIARY INFORMATION | | |
| YOU HAVE ELECTED ORDER OF PRECEDENCE. | | |
| NAME | SHARE | RELATIONSHIP |
| | | |
| MESSAGE SECTION | | |
| <p>TRICARE RETIREE DENTAL PROGRAM ENDS 31 DEC. YOU'RE ELIGIBLE TO ENROLL IN FEDERAL EMPLOYEE DENTAL AND VISION INSURANCE PROGRAM AT TRICARE.BENEFEDS.COM.</p> <p>YOU MUST ENROLL DURING OPEN SEASON, 12 NOV-10 DEC TO HAVE DENTAL AND/OR VISION INSURANCE BEGINNING 1 JAN 2019.</p> <p>TRICARE Online Patient Portal (TOLPP) has gone mobile! Grab your smartphone, bookmark www.tricareonline.com and schedule your MTF appointments on the mobile app today.</p> <p>No need to download from the store or keep data on your phone, simply access www.tricareonline.com via a web browser on your device and save the app to your home screen. Log-in using a DoD Self-service (DS) Logon Premium or Defense Finance and Accounting Services (DFAS) MyPay account.</p> <p>THIS IS YOUR MONTHLY RETIREE ACCOUNT STATEMENT. IT SUMMARIZES THE STATE OF YOUR ACCOUNT</p> | | |

Choose from the buttons below to Print your RAS

-



- We recommend that you select the Printer Friendly Version of your RAS if you desire to print or save your RAS. It requires Adobe Acrobat Reader. Often, Acrobat Reader is already added to web browsers. If you don't have Adobe Reader and applicable security policies allow you to install it, it can be downloaded at <http://www.adobe.com/products/acrobat/readermain.html>. If you prefer the html version, click the appropriate button(s). You may have to make adjustments to your margins in your browser Page Setup for optimal printing of the html version.
- The "View Other RAS" option will allow you to view and/or print other monthly RAS statements. Click on the down arrow; click on a RAS date, then click on Go.



November 29, 2018

Re: Pastor Darnell R. Mosley
New Community Church of Federal Way
34211 Pacific Hwy South
PO Box 24745
Federal Way, WA 98093

To Whom It May Concern:

Pastor Mosley's monthly and year to date for 2018 is as follows:

| | |
|-----------|-----------------|
| January | \$ 5,400 |
| February | \$ 6,065 |
| March | \$ 5,300 |
| April | \$ 6,000 |
| May | \$ 3,867 |
| June | \$ 4,400 |
| July | \$ 3,300 |
| August | \$ 7,900 |
| September | \$ 6,050 |
| October | \$ 5,000 |
| Nov MTD | <u>\$ 4,100</u> |
| YTD Pay | \$57,382 |

Note: these numbers include both salary and housing allowance.

Should you have any questions regarding Pastor Mosley's pay feel free to contact me at 206 402-1529 or by email at eight_oclock@yahoo.com.

Sincerely,

A handwritten signature in black ink, appearing to be 'Bob Peterson', written over the word 'Sincerely'.

Bob Peterson, Treasurer
New Community Church of Federal Way

PO Box 24745 Federal Way, WA 98093 253.874.1807 phone 253.874.5783 fax nccfw@qwest.net

July 05 2018 11:30 AM

KEVIN STOCK
COUNTY CLERK
NO: 17-3-01116-8

Superior Court of Washington, County of Pierce

In re:

Petitioner/s (*person/s who started this case*):

Darnell Mosley

And Respondent/s (*other party/parties*):

Angelique Mosley

No. 17-3-01116-8

Sealed Financial Source Documents
(Cover Sheet)

(SEALFN)

Clerk's action required.

For use in Family Law and Guardianship cases.

**Sealed Financial Source Documents
(Cover Sheet)**

Use this form as a cover sheet to keep your financial documents private from the public. On the first page of each document, write the word "SEALED" 1 inch from the top of the page.

Check the documents you are attaching to this cover sheet to be sealed:

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Pay stubs or other proof of earnings

Credit card statements

Bank statements

Checks for maint Jan-June 2018

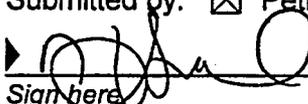
Loan application documents

Check registers

Retirement plan orders

Other financial information sealed by court order (*specify*): car loan payments, car repair costs, cash advance loans, letter from New Community Church re: Pay, DSHS communication from case worker and case payment history, proof of checks sent to first wife per award of retirement in the amount of \$817/mo

Submitted by: Petitioner or his/her lawyer Respondent or his/her lawyer

Sign here 

Holly Stanton/WSBA#26853

Print name (if lawyer, also provide WSBA #)

Important! The other person and the lawyers in your case can see your sealed documents. If you need to keep your address information private for safety reasons, you may cross out or delete your address information.

SEALED



Monthly RAS

Main | Exit

View other RAS

NOV 22, 2017

Go

| | | | | | |
|---|------------|--|---|--|------------|
| RETIREE ACCOUNT STATEMENT | | | | | |
| STATEMENT EFFECTIVE DATE NOV 22, 2017 | | NEW PAY DUE AS OF DEC 01, 2017 | | SSN *****1768 | |
| PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES SMS DARNELL R MOSLEY USAF RET PO BOX 1468 MILTON WA 98354-1468 | | | | DFAS-CL POINTS OF CONTACT | |
| | | | | Defense Finance and Accounting Service US Military Retirement Pay 8899 E 56TH Street Indianapolis, IN 46249-1200 COMMERCIAL (216) 522-5955 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559 myPay https://myPay.dfas.mil | |
| PAY ITEM DESCRIPTION | | | | | |
| ITEM | OLD | NEW | ITEM | OLD | NEW |
| GROSS PAY | .00 | 2,178.00 | ALLOTMENTS | .00 | 1,201.33 |
| VA WAIVER | .00 | 440.97 | GARNISHMENT DED | .00 | 353.31 |
| TAXABLE INCOME | .00 | 1,737.03 | NET PAY | .00 | 182.39 |
| PAYMENT ADDRESS | | | YEAR TO DATE SUMMARY (FOR INFORMATION ONLY) | | |
| DIRECT DEPOSIT | | | TAXABLE INCOME: | | 19,107.33 |
| | | | FEDERAL INCOME TAX WITHHELD: | | .00 |
| TAXES | | | | | |
| FEDERAL WITHHOLDING STATUS: | | MARRIED 04 | | | |
| TOTAL EXEMPTIONS: | | | | | |
| SURVIVOR BENEFIT PLAN (SBP) COVERAGE | | | | | |
| NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT. | | | | | |

| ALLOTMENTS AND BONDS | | |
|--|---------------------|-----------------|
| ALLOTMENT TYPE | PAYEE | AMOUNT |
| MISC | WELLS FARGO BANK NA | 817.50 |
| DISCRETIONARY | AAFES | 243.61 |
| GOVT INDEBTEDNESS INSURANCE | DELTA DENTAL OF CA | 140.22 |
| GARNISHMENT DEDUCTIONS | | |
| PAYEE | GARNISHMENT AMOUNT | COMPLETION DATE |
| WA STATE SUPPORT REGISTRY | 353.31 | INDEFINITE |
| ARREARS OF PAY BENEFICIARY INFORMATION | | |
| YOU HAVE ELECTED ORDER OF PRECEDENCE. | | |
| NAME | SHARE | RELATIONSHIP |
| | | |
| MESSAGE SECTION | | |
| <p>IMPORTANT: EFFECTIVE IMMEDIATELY OUR CORRESPONDENCE ADDRESS HAS CHANGED. SEE FRONT UPPER RIGHT SIDE OF THIS STATEMENT FOR THE NEW ADDRESS.</p> <p>TRICARE Online Patient Portal (TOLPP) has gone mobile! Grab your smartphone, bookmark www.tricareonline.com and schedule your MTF appointments on the mobile app today.</p> <p>No need to download from the store or keep data on your phone, simply access www.tricareonline.com via a web browser on your device and save the app to your home screen. Log-in using a DoD Self-service (DS) Logon Premium or Defense Finance and Accounting Services (DFAS) MyPay account.</p> <p>THIS IS YOUR MONTHLY RETIREE ACCOUNT STATEMENT. IT SUMMARIZES THE STATE OF YOUR ACCOUNT AS OF THE DATE SHOWN. PLEASE REVIEW YOUR ADDRESS, BANKING, BENEFICIARY, PAY AND ALLOTMENT INFORMATION REGULARLY. FOR MORE INFORMATION ABOUT RETIRED PAY GO TO http://www.dfas.mil/dfas/retiredmilitary.htm</p> | | |

DFAS-CL 7220/148 (Rev 03-01)

Choose from the buttons below to Print your RAS

-



- We recommend that you select the Printer Friendly Version of your RAS if you desire to print or save your RAS. It requires Adobe Acrobat Reader. Often, Acrobat Reader is already added to web browsers. If you don't have Adobe Reader and applicable security policies allow you to install it, it can be downloaded at <http://www.adobe.com/products/acrobat/readermain.html>. If you prefer the html version, click the appropriate button(s). You may have to make adjustments to your margins in your browser Page Setup for optimal printing of the html version.
- The "View Other RAS" option will allow you to view and/or print other monthly RAS statements. Click on the down arrow; click on a RAS date, then click on Go.

- Select Main at any time to make Pay Changes. To Stop or Start Annual RAS Hard Copy delivery, select "Main" and then choose "Turn on/off Hard Copy of Annual RAS" on the Main Menu.
- If you need help using myPay, contact the Centralized Customer Support Unit at 1-888-DFAS411 or 1-888-332-7411, commercial (216) 522-5096, Defense Switching Network (DSN) 580-5096 (see FAQs for hours of operation).
- If you have specific pay account-related questions, contact your Customer Service Representative.

[Top](#)

SEALED

IMAGE DETAILS

Front Back

DARNELL R MOSLEY
PO BOX 1468
MILTON, WA 98354-1468

SPUSA /
SUT/ROX

2632

DATE 22 May 18 19/7076

PAY TO THE
ORDER OF

WSSR

\$ 600.00

Ask Howard @ 03/11/18

DOLLARS



Security Features
Include all
Printed on Recycled Paper

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

CR # 2690860

⑆325070760⑆

10521231712632

S

MP

JPMORGAN CHASE & CO.

Post date: 06/14/2018

Amount: \$ 600.00

DARNELL R MOSLEY 9523
PO BOX 1458 MILTON, WA 98354-1458 18/70 18
spouse support
DATE *11/15/18*

PAY TO THE ORDER OF W SSK \$ 600.00
L. Howard *09/10* DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.chase.com

⑆2690860⑆ *[Signature]*
⑆325070780⑆ ⑆05212317⑆9523

6/14/201801203 US BANK NA >125000105<139911672043 30019 05HS.00

RECEIVED BY THE BANK ON 06/14/2018

JPMORGAN CHASE & Co.

Post date: 06/01/2018

Amount: \$ 600.00

DARNELL R MOSLEY
PO BOX 1468
MILTON WA 98354-1468

Spouse's support
2670860

9515
DATE *MAY 29, 18* 19/7076

PAY TO THE ORDER OF *WSSR* \$ *600.00*

Del Howard & Co/Inc

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

⑆325070760⑆ ⑆052⑆23⑆7⑆95⑆

6/01/1803834 US BANK NA >125000105<153911672043 30019 DSHS DC

WRITE STAMP OR SIGN BELOW THIS LINE

JPMORGAN CHASE & Co.

Post date: 04/30/2018

Amount: \$ 1200.00

DARNELL R MOSLEY *SPONSOR*
PO BOX 1468 *support* 7078
MILTON, WA 98354-1468
DATE *26 APR 18* 18/7078

PAY TO THE ORDER OF *WSSR* \$ *1200*
ONE THOUSAND TWO HUNDRED & 00/100 DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.chase.com

MEMO *SPONSOR* *Sej*

⑆325070760⑆ 105212317*7078

⑆001804843 US&BK NA >125000105<153911672043 30019 05HS D

DATE
NOT WRITE ABOVE OR BELOW THIS LINE
ADDRESS ONLY
MICR LINE

LINE CHASE HERE

JPMORGAN CHASE & Co.

Post date: 03/30/2018

Amount: \$ 600.00

DARNELL R MOSLEY
PO BOX 1468
MILTON, WA 98354-1468

DATE 26 MAR 18 18/7076

PAY TO THE ORDER OF WSSR \$ 600.00

Se Howard & Co/Inc DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.chase.com

MEMO CHASE 2690860

⑆325070760⑆ 105212317⑆7073

3/30/1801006 USBANK WA ⑆125000105⑆133911672043 30019 05HS DC

DO NOT WRITE AFTER MARK OF REMOTE DEPOSIT
DO NOT WRITE AFTER MARK OF REMOTE DEPOSIT
DO NOT WRITE AFTER MARK OF REMOTE DEPOSIT

ENCLOSURE MARK

JPMORGAN CHASE & CO.

Post date: 03/09/2018

Amount: \$ 600.00

| | | |
|---|-----------|------------------------------|
| DARNELL R MOBLEY 4035 INSPIRATION AVE E FIFE, WA 98424-3803 | | 5914 DATE 1 APR 18 197076 |
| PAID TO THE ORDER OF <i>Darnell R Mobley</i> | \$ 600.00 | |
| CHASE Member FDIC | | |
| MEMO <i>Alvin</i> | | |
| ⑆325070760⑆ | | 105212 17*5914 |

DO NOT WRITE IN THESE SPACES
[Handwritten signature]

JPMORGAN CHASE & CO.

Post date: 02/26/2018

Amount: \$ 600.00

DARNELL R. MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

5920
19/7074
DATE 15 Feb 18

PAY TO THE ORDER OF Angelina Mosley \$ 600.00

Dr. Howard J. ...

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO Plum

⑆325070760⑆ 10512317⑆5920

Dr. Howard J. ...

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

JPMORGAN CHASE & CO.

Post date: 02/26/2018

Amount: \$ 600.00

DARNELL R MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

5920
DATE 15 Feb 18 197016

PAY TO THE ORDER OF Angelique Wood \$ 600.00

Sy-Hung Lee DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO Plumbing

⑆325070760⑆ 1051231715920

[Handwritten signature]

⑆325070760⑆ 1051231715920

JPMORGAN CHASE & CO.

Post date: 01/19/2018

Amount: \$ 600.00

DARNELL R MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

5916
19/7076

DATE 17 Jan 18

PAY TO THE ORDER OF Amelie Mosley \$ 600.00
Six Hundred & 00/100 DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO Alimony Sig

⑆325070760⑆ 805212317⑆5916

LONG TERM ACCOUNTS OR ACCOUNTS OF OTHERS

Amelie Mosley

JPMORGAN CHASE & Co.

Post date: 01/05/2018

Amount: \$ 600.00

DARNELL R. MOSLEY
4835 INSPIRATION AVE E
FIVE, WA 98024-3823

149

DATE
1 JAN 18

PAY TO: Darnell R. Mosley \$ 600.00
the order of for amount of DOLLARS

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO: Alimony Suz

⑆325070760⑆ 1052123170149

Vertical text on the right side of the check, including "DO NOT WRITE ABOVE THIS LINE" and a signature.

JPMORGAN CHASE & CO.

Post date: 05/22/2018

Amount: \$ 600.00

DARNELL R MOSLEY
PO BOX 1468
MILTON, WA 98354-1468

CASE # 2070860

9513

DATE 18 MAY 18 19/7076

Pay TO THE ORDER OF WSSK \$ 600.00

Dr. Howard & Co., Inc.

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

Spousal Support

3250707601 052123179513

5/22/1806202 USBRANK NA >125000105-CL53911672043 30019 05HS

NOT WRITE, STAMP OR SIGN BELOW THIS LINE.
REVOIDS FUNDING INSTITUTION'S LIABILITY.

Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716-0511
1-800-946-0332

YOUR MONTHLY STATEMENT

DARNELL MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

Account Number: 6206173233611
Vehicle: 11 KIA FORTE

ACCOUNT STATUS

PAST DUE

YOUR PAYMENT INFORMATION

| | |
|-------------------------|----------|
| Past Due Payment(s) | \$253.96 |
| Total Unpaid Late Fees | \$25.38 |
| Total Unpaid Other Fees | \$0.00 |
| Current Due Payment | \$253.96 |

| | |
|------------------|-------------------|
| Total Due | \$533.30 |
| Due Date | 07/05/2018 |

HOW TO MAKE A PAYMENT



PAY ONLINE
www.capitalone.com



PAY BY PHONE
Call 1-800-946-0332
Mon - Fri, 8:00 a.m. - 9:00 p.m. EST



PAY BY MAIL
Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716-0511

Payoff Amount good through 07/05/2018

\$9,859.64

GET CAUGHT UP FAST

WE CAN ESTABLISH A PAYMENT PLAN TO BRING YOUR ACCOUNT CURRENT!

- Get your account back on track
- Help avoid late fees
- Installments that work for you

Call us at 1-800-946-0332 and take charge today.



Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716-0511
1-800-946-0332

YOUR MONTHLY STATEMENT

Account Number: 6206173233611
Vehicle: 11 KIA FORTE

TRANSACTION HISTORY: 05/15/2018 - 06/13/2018

| Posting Date | Effective Date | Description | Principal | Interest | Late Fees | Other Fees | Total |
|--------------|----------------|------------------------------|------------|----------|-----------|------------|------------|
| | | BEGINNING BALANCE | \$9,867.46 | \$39.73 | \$25.38 | \$0.00 | \$9,932.57 |
| 05/22/2018 | 05/21/2018 | Payment Received | -\$192.56 | -\$61.40 | \$0.00 | \$0.00 | -\$253.96 |
| | | Interest Accrued this Period | \$0.00 | \$106.67 | \$0.00 | \$0.00 | \$106.67 |
| | | ENDING BALANCE | \$9,674.90 | \$85.00 | \$25.38 | \$0.00 | \$9,785.28 |

SCHEDULED PAYMENTS: 06/14/2018 - 07/05/2018

| Effective Date | Description | Payment Amount |
|----------------|-------------|----------------|
|----------------|-------------|----------------|

You have authorized no scheduled payments with Capital One Auto Finance as of your statement date.

PLEASE DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT

See reverse side to update your address.



DARNELL MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

| | |
|------------------|---------------|
| Account Number: | 6206173233611 |
| Total Due: | \$533.30 |
| Due Date: | 07/05/2018 |
| Amount Enclosed: | \$ |

MAIL PAYMENT INSTRUCTIONS

- Please send your payment along with this payment coupon in the enclosed envelope.
- Make your check payable to Capital One Auto Finance and include your account number on your check. DO NOT SEND CASH!
- Payments will be processed according to our posting policy and not any instructions written on your check.
- Don't staple or paper clip your check to the payment slip.
- Be sure to use the envelope provided.
- Enclose payments for this account only.



Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716-0511

1 62061708003233611100100005333045

PLEASE DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT

CHANGE OF ADDRESS

(Please print using blue or black ink)

Current Address:

DARNELL MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

New Address

City State Zip

Home Phone

Alternate Phone

MAKE PAYMENTS AUTOMATICALLY

Sign up for DirectPay by downloading our mobile app or
visiting www.capitalone.com



Capital One Mobile app is
available on the App Store
for iPhone and iPad



Capital One Mobile app is
available on Google Play™



Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716-0511
1-800-946-0332

YOUR MONTHLY STATEMENT

DARNELL R MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

Account Number: 6202144430240
Vehicle: 12 SUBARU OUTBACK

ACCOUNT STATUS PAST DUE

YOUR PAYMENT INFORMATION

| | |
|-------------------------|----------|
| Past Due Payment(s) | \$496.85 |
| Total Unpaid Late Fees | \$24.84 |
| Total Unpaid Other Fees | \$0.00 |
| Current Due Payment | \$496.85 |

| | |
|------------------|-------------------|
| Total Due | \$1,018.54 |
| Due Date | 07/05/2018 |

HOW TO MAKE A PAYMENT



PAY ONLINE
www.capitalone.com



PAY BY PHONE
Call 1-800-946-0332
Mon - Fri, 8:00 a.m. - 9:00 p.m. EST



PAY BY MAIL
Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716-0511

Payoff Amount good through 07/05/2018

\$12,943.45

GET CAUGHT UP FAST

WE CAN ESTABLISH A PAYMENT PLAN TO BRING YOUR ACCOUNT CURRENT!

- Get your account back on track
- Help avoid late fees
- Installments that work for you

Call us at 1-800-946-0332 and take charge today.



Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716-0511
1-800-946-0332

YOUR MONTHLY STATEMENT

Account Number: 6202144430240
Vehicle: 12 SUBARU OUTBACK

TRANSACTION HISTORY: 05/15/2018 - 06/13/2018

| Posting Date | Effective Date | Description | Principal | Interest | Late Fees | Other Fees | Total |
|--------------|----------------|------------------------------|-------------|----------|-----------|------------|-------------|
| | | BEGINNING BALANCE | \$13,108.00 | \$55.82 | \$24.84 | \$0.00 | \$13,188.66 |
| 05/22/2018 | 05/21/2018 | Payment Received | -\$410.59 | -\$86.26 | \$0.00 | \$0.00 | -\$496.85 |
| | | Interest Accrued this Period | \$0.00 | \$148.42 | \$0.00 | \$0.00 | \$148.42 |
| | | ENDING BALANCE | \$12,697.41 | \$117.98 | \$24.84 | \$0.00 | \$12,840.23 |

SCHEDULED PAYMENTS: 06/14/2018 - 07/05/2018

| Effective Date | Description | Payment Amount |
|----------------|-------------|----------------|
|----------------|-------------|----------------|

You have authorized no scheduled payments with Capital One Auto Finance as of your statement date.

PLEASE DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT

See reverse side to update your address.



DARNELL R MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

| | |
|------------------|---------------|
| Account Number: | 6202144430240 |
| Total Due: | \$1,018.54 |
| Due Date: | 07/05/2018 |
| Amount Enclosed: | \$ |

MAIL PAYMENT INSTRUCTIONS

- Please send your payment along with this payment coupon in the enclosed envelope.
- Make your check payable to Capital One Auto Finance and include your account number on your check. DO NOT SEND CASH!
- Payments will be processed according to our posting policy and not any instructions written on your check.
- Don't staple or paper clip your check to the payment slip.
- Be sure to use the envelope provided.
- Enclose payments for this account only.



Capital One Auto Finance
PO Box 60511
City of Industry, CA 91716-0511

1 62021433504430240100100010185412

PLEASE DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT

CHANGE OF ADDRESS

(Please print using blue or black ink)

Current Address:

DARNELL R MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

New Address

City State Zip

Home Phone Alternate Phone

MAKE PAYMENTS AUTOMATICALLY

Sign up for DirectPay by downloading our mobile app or
visiting www.capitalone.com



Capital One Mobile app is
available on the App Store
for iPhone and iPad



Capital One Mobile app is
available on Google Play™

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5/8/2018

PayJunction

Subaru of Puyallup

05/08/2018 01:39 PM PDT

720 RIVER RD
PUYALLUP, WA, 98371
253-840-6300 (Office)
253-286-2267 (Fax)
www.subaruofpuyallup.com
nharrocd@hamishautofamily.com

BILLED TO

Darnell Mosley

DETAILS

| | |
|--------------|------------------|
| DETAILS | Approved |
| TYPE | Charge - Capture |
| APPROVAL | 073916 |
| TRANS ID | 89983 |
| MID | *****5938 |
| TID | 71013968 |
| TERMINAL | 126585 |
| INVOICE | 128506 |
| Custom Label | |

Signature

| | | |
|--------------|------|-------------------|
| ACCOUNT | VISA | ... 6009 |
| Entry Mode | | Swiped |
| AMOUNT | USDS | \$3,672.12 |
| TOTAL | | \$3,672.12 |

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

June 25, 2018

SEALED

Re: Pastor Darnell R. Mosley
New Community Church of Federal Way
34211 Pacific Hwy South
PO Box 24745
Federal Way, WA 98093

To Whom It May Concern:

Pastor Mosley's monthly scheduled pay is \$4,031, this is his total entitlement, approximately half of which is taxable. The church has not, and does not pay Pastor Mosley's rent, health insurance or any other of his obligations.

Pastor Mosley has not received a lump-sum payment of his salary for more than 3 years. The church pays Pastor as funds become available, sometimes going weeks paying him less than his entitlement.

Since the beginning of the year attendance and giving has declined, and for the last few months the church has been behind in our rent and is in jeopardy of losing the building. This has caused the church to pay Pastor Mosley in a sporadic manner.

Should you have any questions regarding Pastor Mosley's pay feel free to contact me at 206 402-1529 or by email at eight_oclock@yahoo.com.

Sincerely,



Bob Peterson, Treasurer
New Community Church of Federal Way

SEALED



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

TO: DARNELL RAMON MOSLEY
PO BOX 1468
MILTON WA 98354-1468

CASE NUMBER: 2690860

Mr. Mosley,
Per our phone conversation on 6/21/18 please see the attached payment history and debt calculation. You also requested a summary of your case.

DCS received a referral to open your case in 8/2017 and a court order that set support at \$353.31 per month effective 9/2017. DCS was not involved in collection of spousal maintenance in this order. DCS received payments of \$353.31 from 9/2017 through 12/2017. On 11/6/2017 DCS received a new court order setting child support at \$686.07 retroactive to 8/2017. DCS was again not involved in collection of spousal maintenance. DCS receive another order on 3/8/2018 setting child support at \$775.82 retroactive to 1/2018 and Spousal Maintenance of \$1200pm back to 1/2018. The custodian requested that DCs collect the spousal maintenance so DCS served you with notice regarding same and detailing an arrears debt based on spousal maintenance in all orders. DCS received notification from the custodian that you were current in your spousal maintenance through 2/2018 and the debt was adjusted to give credit for that. Also please note that DCS calculates debts on a monthly basis and without consideration of the due dates.

June 21, 2018

DATE

T TAYLOR

AUTHORIZED REPRESENTATIVE
DIVISION OF CHILD SUPPORT

DIVISION OF CHILD SUPPORT
PO BOX 11520
TACOMA WA 98411-5520

Within Yakima _____ calling area (509) 249-6000

Outside Yakima _____ calling area (800) 441-0859

TTY/TDD services available for the speech or hearing impaired.

Visit our web site at: www.dshs.wa.gov/esa/division-child-support

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.

IV-D Case #: 2690860

NCP: Mosley, Darnell Ramon

CP: Mosley, Angelique E

DCS Yakima
PO Box 11520
Tacoma, WA 98411
(509) 249-6000 / 1-800-441-0859

Assigned SEO: L. Marshall
Completed by: T. Taylor

| Month | Order Amount | Amount Paid | Monthly Debt | Running Balance |
|----------|--|-------------|--------------|-----------------|
| Comment: | TEMP ORDER OF 10/30/17 SET SUPT EFF 8/1/17 @ \$686.07/MO | | | |
| 08/2017 | \$686.07 | \$0.00 | \$686.07 | \$686.07 |
| 09/2017 | \$686.07 | \$353.31 | \$332.76 | \$1,018.83 |
| 10/2017 | \$686.07 | \$353.31 | \$332.76 | \$1,351.59 |
| Comment: | Spousal maintenance ordered to be paid direct to custodian. Custodian stated NCP current thru 2/2018 | | | |
| 11/2017 | \$2,686.07 | \$2,353.31 | \$332.76 | \$1,684.35 |
| 12/2017 | \$2,686.07 | \$2,353.31 | \$332.76 | \$2,017.11 |
| Comment: | Per Custodian NCP is current in maintenance payments through 2/2018. ***Previous temp order had spousal maintenance at \$2000pm starting 11/2017. New order dated 3/5/2018 had retroactive maint back to 1/2018. NCP may have paid \$2000pm but DCS cannot give credit for any overpayments caused by retroactive orders | | | |
| 01/2018 | \$1,975.82 | \$1,961.07 | \$14.75 | \$2,031.86 |
| 02/2018 | \$1,975.82 | \$1,961.07 | \$14.75 | \$2,046.61 |
| Comment: | Per CP. NCP made \$600 maint pmt direct to her | | | |
| 03/2018 | \$1,975.82 | \$1,961.07 | \$14.75 | \$2,061.36 |
| 04/2018 | \$1,975.82 | \$2,050.00 | (\$74.18) | \$1,987.18 |
| 05/2018 | \$1,975.82 | \$1,450.00 | \$525.82 | \$2,513.00 |
| 06/2018 | \$1,975.82 | \$2,050.00 | (\$74.18) | \$2,438.82 |
| Totals | \$19,285.27 | \$16,846.45 | \$2,438.82 | |

State of Washington
Division of Child Support

Case Payment History

6/21/2018 4:45:04 PM - 2516

NCP: MOSLEY, DARNELL RAMON
CP: MOSLEY, ANGELIQUE E

CFO: Yakima
IV-D Case#: 2690860

Monthly Child Support: 1,975.82
Monthly Medical Support: 0.00

DSHS Arrs: 1,018.83
DSHS Med Arrs: 0.00
Temp Arrs: 0.00
CP Arrs: 1,419.99
CP Medical Arrs: 0.00

Curr Support Due: 0.00
Curr Medical Due: 0.00

Monthly Order Amt: 1,975.82
Annual Fee Due: 0.00
Annual Fee Paid: 0.00

Disbursed: 9,493.14
Retained: 353.31
Retained: Medical: 0.00

Receivable: 0.00

Total Owed: 2,438.82

Total Amount Paid: 9,846.45

| Case Type | Receipt Date | Payment Number | Current Payment | Current Medical | DSHS Arrs | DSHS Med Arrs | TEMP Arrs | CP Arrs | CP Med Arrs | Annual Fee | Recv | Total Payment |
|-----------|--------------|----------------|-----------------|-----------------|-----------|---------------|-----------|---------|-------------|------------|------|---------------|
| NA | 06-14-2018 | 061418S001692 | 525.82 | 0.00 | 0.00 | 0.00 | 0.00 | 74.18 | 0.00 | 0.00 | 0.00 | 600.00 |
| NA | 06-04-2018 | 060418F749679 | 850.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 850.00 |
| NA | 06-01-2018 | 060118S003602 | 600.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 600.00 |
| NA | 05-22-2018 | 052218S002030 | 600.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 600.00 |
| NA | 05-02-2018 | 050218F308833 | 850.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 850.00 |
| NA | 04-30-2018 | 043018S003873 | 1,125.82 | 0.00 | 0.00 | 0.00 | 0.00 | 74.18 | 0.00 | 0.00 | 0.00 | 1,200.00 |
| NA | 04-02-2018 | 040218F869303 | 850.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 850.00 |
| NA | 03-30-2018 | 033018S001370 | 600.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 600.00 |
| NA | 03-02-2018 | 030218F485824 | 686.07 | 0.00 | 0.00 | 0.00 | 0.00 | 75.00 | 0.00 | 0.00 | 0.00 | 761.07 |
| NA | 02-02-2018 | 020218F117690 | 686.07 | 0.00 | 0.00 | 0.00 | 0.00 | 75.00 | 0.00 | 0.00 | 0.00 | 761.07 |
| NA | 01-02-2018 | 010218F676655 | 686.07 | 0.00 | 0.00 | 0.00 | 0.00 | 75.00 | 0.00 | 0.00 | 0.00 | 761.07 |
| NA | 12-04-2017 | 120417F363806 | 353.31 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 353.31 |
| NA | 11-02-2017 | 110217F967576 | 353.31 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 353.31 |
| NA | 10-19-2017 | 101917S003256 | 353.31 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 353.31 |
| TANF | 09-12-2017 | 091217S004993 | 353.31 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 353.31 |
| | | Total | 9,473.09 | 0.00 | 0.00 | 0.00 | 0.00 | 373.36 | 0.00 | 0.00 | 0.00 | 9,846.45 |

Total Case Payments printed for IVD # 2690860 : 15

JPMORGAN CHASE & CO.

SEALED

Post date: 04/12/2018

Amount: \$ 817.00

DARNELL R MOSLEY
PO BOX 1485
MILTON, WA 98354-1485

7072
on 17 MAR 18 11/2018

PAY TO THE ORDER OF Diane Anderson \$ 817.00
Expt Handed Sentimental

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

VIVO Sy

⑆3 250 70 760⑆ 405212317072

ENDORSE HERE

Diane Anderson

MOBILE DEPOSIT

CHECK HERE FOR DEPOSIT TO YOUR ACCOUNT

APR 11 2018

DO NOT WRITE, SIGN, OR STAMP OVER THIS AREA

JPMORGAN CHASE & CO.

Post date: 02/22/2018

Amount: \$ 817.00

DARNELL R MOSLEY
4035 INSPIRATION AVE E
FIFE, WA 98424-3803

5919
19/7076

DATE 15 Feb 18

PAY TO THE ORDER OF Denise Anderson \$ 817.00

Eight Hundred Seventeen & 00/100

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO Seg

⑆325070760⑆ ⑆05212317⑆591⑆

ENDORSE HERE

Denise Anderson

DO NOT WRITE STAMPS OR SIGNS BELOW THIS LINE

DATE 2/21/2018 - 16:42:51
108 - BATCH ID: 62851
->325183291<- 0002

⑆105212317⑆591⑆

JPMORGAN CHASE & CO.

Post date: 01/05/2018

Amount: \$ 817.00

DARNELL K. MOSLEY
4035 INSPIRATION AVE. E.
FIFE, WA 98624-3803

148

31 Dec 17
DATE

PAY TO Denise Anderson \$ 817.00

the order of East Handal Denton # 00/10 DEPOSIT CASH

CHASE
JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

⑆325070760⑆

⑆05212317⑆0148

OPEN HERE AFTER RECEIVING REMOTE DEPOSIT
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

SOUND CU
>>>>325183220<<<<<
961007
BATCH6336
ATM: 657800000324712
Time: 1/3/2018 12:13 PM

\$ 817.00 961007 6336/2018010420180103121109/ \$817.00/07123109/240020/6336



holly stanton <stantonlawoffices@gmail.com>

SEALED

Fw: Making Payments to the Law Office

2 messages

Darnell Mosley <dmosley@nccfw.comcastbiz.net>
To: "stantonlawoffices@gmail.com" <stantonlawoffices@gmail.com>

Fri, Jun 29, 2018 at 2:43 PM

From: Amy Frazier <Amy@kevingbyrd.com>
Sent: Friday, June 29, 2018 4:27 PM
To: Darnell Mosley
Subject: Making Payments to the Law Office

To whom it may concern,

Mr. Darnell make \$400.00 a month to the Law Office Kevin G Byrd. He has been making payment to our office since October 2017. If you have any questions please contact the office.

Sincerely,

Amy Frazier

Office Manager/Criminal Assistant to:

Law Office of Kevin G. Byrd

10116 36th Ave Ct SW, Ste 108

Lakewood WA 98499

253-565-8888



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 12-05-2018
 Response Date: 12-05-2018
 Tracking Number: 100419025098

Tax Return Transcript

SSN Provided: XXX-XX-1768
 Tax Period Ending: Dec. 31, 2016

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-1768
 SPOUSE SSN: XXX-XX-0515

NAME(S) SHOWN ON RETURN: MOSL

ADDRESS: PO BOX

FILING STATUS: Married Filing Joint
 FORM NUMBER: 1040
 CYCLE POSTED: 20171605
 RECEIVED DATE: Apr.15, 2017
 REMITTANCE: \$0.00
 EXEMPTION NUMBER: 3
 DEPENDENT 1 NAME CTRL: MOSL
 DEPENDENT 1 SSN: XXX-XX-8279
 DEPENDENT 2 NAME CTRL:
 DEPENDENT 2 SSN:
 DEPENDENT 3 NAME CTRL:
 DEPENDENT 3 SSN:
 DEPENDENT 4 NAME CTRL:
 DEPENDENT 4 SSN:
 PTIN:
 PREPARER EIN:

Income

WAGES, SALARIES, TIPS, ETC: \$29,885.00
 TAXABLE INTEREST INCOME: SCH B: \$0.00
 TAX-EXEMPT INTEREST: \$0.00
 ORDINARY DIVIDEND INCOME: SCH B: \$0.00
 QUALIFIED DIVIDENDS: \$0.00
 REFUNDS OF STATE/LOCAL TAXES: \$0.00
 ALIMONY RECEIVED: \$0.00
 BUSINESS INCOME OR LOSS (Schedule C): \$0.00
 BUSINESS INCOME OR LOSS: SCH C PER COMPUTER: \$0.00
 CAPITAL GAIN OR LOSS: (Schedule D): \$0.00
 CAPITAL GAINS OR LOSS: SCH D PER COMPUTER: \$0.00
 OTHER GAINS OR LOSSES (Form 4797): \$0.00
 TOTAL IRA DISTRIBUTIONS: \$0.00
 TAXABLE IRA DISTRIBUTIONS: \$0.00
 TOTAL PENSIONS AND ANNUITIES: \$0.00
 TAXABLE PENSION/ANNUITY AMOUNT: \$20,616.00
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E): \$0.00
 RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER: \$0.00
 RENT/ROYALTY INCOME/LOSS PER COMPUTER: \$0.00
 ESTATE/TRUST INCOME/LOSS PER COMPUTER: \$0.00
 PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER: \$0.00
 FARM INCOME OR LOSS (Schedule F): \$0.00
 FARM INCOME OR LOSS (Schedule F) PER COMPUTER: \$0.00
 UNEMPLOYMENT COMPENSATION: \$0.00
 TOTAL SOCIAL SECURITY BENEFITS: \$0.00
 TAXABLE SOCIAL SECURITY BENEFITS: \$0.00
 TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER: \$0.00
 OTHER INCOME: \$0.00
 SCHEDULE EIC SE INCOME PER COMPUTER: \$0.00
 SCHEDULE EIC EARNED INCOME PER CCMPUTER: \$29,885.00
 SCH EIC DISQUALIFIED INC COMPUTER: \$0.00
 TOTAL INCOME: \$50,501.00
 TOTAL INCOME PER COMPUTER: \$50,501.00

Adjustments to Income

EDUCATOR EXPENSES: \$0.00
 EDUCATOR EXPENSES PER COMPUTER: \$0.00
 RESERVIST AND OTHER BUSINESS EXPENSE: \$0.00
 HEALTH SAVINGS ACCT DEDUCTION: \$0.00

| | |
|---|-------------|
| HEALTH SAVINGS ACCT DEDUCTION PFR COMPTR: | \$0.00 |
| MOVING EXPENSES: F3903: | \$0.00 |
| SELF EMPLOYMENT TAX DEDUCTION: | \$0.00 |
| SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER: | \$0.00 |
| SELF EMPLOYMENT TAX DEDUCTION VERIFIED: | \$0.00 |
| KEOGH/SEP CONTRIBUTION DEDUCTION: | \$0.00 |
| SELF-EMP HEALTH INS DEDUCTION: | \$0.00 |
| EARLY WITHDRAWAL OF SAVINGS PENALTY: | \$0.00 |
| ALIMONY PAID SSN: | XXX-XX-3370 |
| ALIMONY PAID: | \$10,308.00 |
| IRA DEDUCTION: | \$0.00 |
| IRA DEDUCTION PER COMPUTER: | \$0.00 |
| STUDENT LOAN INTEREST DEDUCTION: | \$0.00 |
| STUDENT LOAN INTEREST DEDUCTION PER COMPUTER: | \$0.00 |
| STUDENT LOAN INTEREST DEDUCTION VERIFIED: | \$0.00 |
| TUITION AND FEES DEDUCTION: | \$0.00 |
| TUITION AND FEES DEDUCTION PER COMPUTER: | \$0.00 |
| DOMESTIC PRODUCTION ACTIVITIES DEDUCTION: | \$0.00 |
| OTHER ADJUSTMENTS: | \$0.00 |
| ARCHER MSA DEDUCTION: | \$0.00 |
| ARCHER MSA DEDUCTION PER COMPUTER: | \$0.00 |
| TOTAL ADJUSTMENTS: | \$10,308.00 |
| TOTAL ADJUSTMENTS PER COMPUTER: | \$10,308.00 |
| ADJUSTED GROSS INCOME: | \$40,193.00 |
| ADJUSTED GROSS INCOME PER COMPUTER: | \$40,193.00 |

Tax and Credits

| | |
|--|-------------|
| 65-OR-OVER: | NO |
| BLIND: | NO |
| SPOUSE 65-OR-OVER: | NO |
| SPOUSE BLIND: | NO |
| STANDARD DEDUCTION PER COMPUTER: | \$12,600.00 |
| ADDITIONAL STANDARD DEDUCTION PER COMPUTER: | \$0.00 |
| TAX TABLE INCOME PER COMPUTER: | \$27,593.00 |
| EXEMPTION AMOUNT PER COMPUTER: | \$12,150.00 |
| TAXABLE INCOME: | \$15,443.00 |
| TAXABLE INCOME PER COMPUTER: | \$15,443.00 |
| TOTAL POSITIVE INCOME PER COMPUTER: | \$50,501.00 |
| TENTATIVE TAX: | \$1,543.00 |
| TENTATIVE TAX PER COMPUTER: | \$1,543.00 |
| FORM 8814 ADDITIONAL TAX AMOUNT: | \$0.00 |
| TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER: | \$0.00 |
| FORM 6251 ALTERNATIVE MINIMUM TAX: | \$0.00 |
| FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER: | \$0.00 |
| FOREIGN TAX CREDIT: | \$0.00 |
| FOREIGN TAX CREDIT PER COMPUTER: | \$0.00 |
| FOREIGN INCOME EXCLUSION PER COMPUTER: | \$0.00 |
| FOREIGN INCOME EXCLUSION TAX PER COMPUTER: | \$0.00 |
| EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT: | \$0.00 |
| EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT: | \$0.00 |
| CHILD & DEPENDENT CARE CREDIT: | \$0.00 |
| CHILD & DEPENDENT CARE CREDIT PER COMPUTER: | \$0.00 |
| CREDIT FOR ELDERLY AND DISABLED: | \$0.00 |
| CREDIT FOR ELDERLY AND DISABLED PER COMPUTER: | \$0.00 |
| EDUCATION CREDIT: | \$0.00 |
| EDUCATION CREDIT PER COMPUTER: | \$0.00 |
| GROSS EDUCATION CREDIT PER COMPUTER: | \$0.00 |
| RETIREMENT SAVINGS CNTRB CREDIT: | \$0.00 |
| RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER: | \$0.00 |
| PRIM RET SAV CNTRB: F8880 LN6A: | \$0.00 |
| SEC RET SAV CNTRB: F8880 LN6B: | \$0.00 |
| TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR: | \$0.00 |
| RESIDENTIAL ENERGY CREDIT: | \$0.00 |
| RESIDENTIAL ENERGY CREDIT PER COMPUTER: | \$0.00 |
| CHILD TAX CREDIT: | \$1,000.00 |
| CHILD TAX CREDIT PER COMPUTER: | \$1,000.00 |
| ADOPTION CREDIT: F8839: | \$0.00 |
| ADOPTION CREDIT PER COMPUTER: | \$0.00 |
| FORM 8396 MORTGAGE CERTIFICATE CREDIT: | \$0.00 |
| FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER: | \$0.00 |
| F3800, F8801 AND OTHER CREDIT AMOUNT: | \$0.00 |
| FORM 3800 GENERAL BUSINESS CREDITS: | \$0.00 |
| FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER: | \$0.00 |
| PRIOR YR MIN TAX CREDIT: F8801: | \$0.00 |
| PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER: | \$0.00 |
| F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT: | \$0.00 |
| F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER: | \$0.00 |
| F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT: | \$0.00 |
| F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER: | \$0.00 |
| OTHER CREDITS: | \$0.00 |
| TOTAL CREDITS: | \$1,000.00 |
| TOTAL CREDITS PER COMPUTER: | \$1,000.00 |
| INCOME TAX AFTER CREDITS PER COMPUTER: | \$543.00 |

Other Taxes

| | |
|---|--------|
| SE TAX: | \$0.00 |
| SE TAX PER COMPUTER: | \$0.00 |
| SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS: | \$0.00 |
| SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER: | \$0.00 |

TAX ON QUALIFIED PLANS F5329 (PR):.....\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....\$0.00
IRAF TAX PER COMPUTER:.....\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....\$543.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....\$543.00
OTHER TAXES PER COMPUTER:.....\$0.00
UNPAID FICA ON REPORTED TIPS:.....\$0.00
OTHER TAXES:.....\$0.00
RECAPTURE TAX: F8611:.....\$0.00
HOUSEHOLD EMPLOYMENT TAXES:.....\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:.....\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....\$0.00
RECAPTURE TAXES:.....\$0.00
TOTAL ASSESSMENT PER COMPUTER:.....\$543.00
TOTAL TAX LIABILITY TP FIGURES:.....\$543.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$543.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$0.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1
ESTIMATED TAX PAYMENTS:.....\$0.00
OTHER PAYMENT CREDIT:.....\$0.00
REFUNDABLE EDUCATION CREDIT:.....\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00
EARNED INCOME CREDIT:.....\$746.00
EARNED INCOME CREDIT PER COMPUTER:.....\$746.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00
EXCESS SOCIAL SECURITY & RRTA TAX WITHHELD:.....\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00
AMOUNT PAID WITH FORM 4868:.....\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....\$0.00
HEALTH COVERAGE TX CR: F8885:.....\$0.00
PREMIUM TAX CREDIT AMOUNT:.....\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....\$0.00
FORM 2439 AND OTHER CREDITS:.....\$0.00
TOTAL PAYMENTS:.....\$746.00
TOTAL PAYMENTS PER COMPUTER:.....\$746.00

Refund or Amount Owed

REFUND AMOUNT:.....\$-203.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00
ESTIMATED TAX PENALTY:.....\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$-203.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$-203.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
AUTHORIZATION INDICATOR:.....0
THIRD PARTY DESIGNEE NAME:.....

Schedule EIC--Earned Income Credit

QUALIFIED EIC DEPENDENTS:.....1

CHILD 1

CHILD'S NAME CNTRL:.....MOSL
SSN:.....XXX-XX-8279
YEAR OF BIRTH:.....
STUDENT/DISABLED:.....0
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....12
CHILD'S RELATIONSHIP TO YOU:.....son or daughter

CHILD 2

CHILD'S NAME CNTRL:.....
SSN:.....
YEAR OF BIRTH:.....
STUDENT/DISABLED:.....0
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....
CHILD'S RELATIONSHIP TO YOU:.....

.....no relationship indicated or determination can be made

CHILD 3

CHILD'S NAME CNTRL:.....
SSN:.....
YEAR OF BIRTH:.....
STUDENT/DISABLED:.....0
NUMBER OF MONTHS CHILD LIVED WITH YOU:.....
CHILD'S RELATIONSHIP TO YOU:
.....no relationship indicated or determination can be made

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00
This Product Contains Sensitive Taxpayer Data



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 12-05-2018
 Response Date: 12-05-2018
 Tracking Number: 100419024704

Tax Return Transcript

SSN Provided: XXX-XX-1768
 Tax Period Ending: Dec. 31, 2017

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

SSN: XXX-XX-1768
 SPOUSE SSN:

NAME(S) SHOWN ON RETURN: MOSL

ADDRESS: PO BOX

FILING STATUS: Single
 FORM NUMBER: 1040
 CYCLE POSTED: 20181605
 RECEIVED DATE: Apr. 15, 2018
 REMITTANCE: \$0.00
 EXEMPTION NUMBER: 1
 DEPENDENT 1 NAME CTRL:
 DEPENDENT 1 SSN:
 DEPENDENT 2 NAME CTRL:
 DEPENDENT 2 SSN:
 DEPENDENT 3 NAME CTRL:
 DEPENDENT 3 SSN:
 DEPENDENT 4 NAME CTRL:
 DEPENDENT 4 SSN:
 PTIN:
 PREPARER EIN:

Income

| | |
|---|-------------|
| WAGES, SALARIES, TIPS, ETC:..... | \$29,080.00 |
| TAXABLE INTEREST INCOME: SCH B:..... | \$0.00 |
| TAX-EXEMPT INTEREST:..... | \$0.00 |
| ORDINARY DIVIDEND INCOME: SCH B:..... | \$0.00 |
| QUALIFIED DIVIDENDS:..... | \$0.00 |
| REFUNDS OF STATE/LOCAL TAXES:..... | \$0.00 |
| ALIMONY RECEIVED:..... | \$0.00 |
| BUSINESS INCOME OR LOSS (Schedule C):..... | \$0.00 |
| BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:..... | \$0.00 |
| CAPITAL GAIN OR LOSS: (Schedule D):..... | \$0.00 |
| CAPITAL GAINS OR LOSS: SCH D PER COMPUTER:..... | \$0.00 |
| OTHER GAINS OR LOSSES (Form 4797):..... | \$0.00 |
| TOTAL IRA DISTRIBUTIONS:..... | \$0.00 |
| TAXABLE IRA DISTRIBUTIONS:..... | \$0.00 |
| TOTAL PENSIONS AND ANNUITIES:..... | \$0.00 |
| TAXABLE PENSION/ANNUITY AMOUNT:..... | \$20,878.00 |
| RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):..... | \$0.00 |
| RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:..... | \$0.00 |
| RENT/ROYALTY INCOME/LOSS PER COMPUTER:..... | \$0.00 |
| ESTATE/TRUST INCOME/LOSS PER COMPUTER:..... | \$0.00 |
| PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:..... | \$0.00 |
| FARM INCOME OR LOSS (Schedule F):..... | \$0.00 |
| FARM INCOME OR LOSS (Schedule F) PER COMPUTER:..... | \$0.00 |
| UNEMPLOYMENT COMPENSATION:..... | \$0.00 |
| TOTAL SOCIAL SECURITY BENEFITS:..... | \$0.00 |
| TAXABLE SOCIAL SECURITY BENEFITS:..... | \$0.00 |
| TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:..... | \$0.00 |
| OTHER INCOME:..... | \$0.00 |
| SCHEDULE EIC SE INCOME PER COMPUTER:..... | \$0.00 |
| SCHEDULE EIC EARNED INCOME PER COMPUTER:..... | \$0.00 |
| SCH EIC DISQUALIFIED INC COMPUTER:..... | \$0.00 |
| TOTAL INCOME:..... | \$49,958.00 |
| TOTAL INCOME PER COMPUTER:..... | \$49,958.00 |

Adjustments to Income

| | |
|--|--------|
| EDUCATOR EXPENSES:..... | \$0.00 |
| EDUCATOR EXPENSES PER COMPUTER:..... | \$0.00 |
| RESERVIST AND OTHER BUSINESS EXPENSE:..... | \$0.00 |
| HEALTH SAVINGS ACCT DEDUCTION:..... | \$0.00 |

| | |
|--|-------------|
| HEALTH SAVINGS ACCT DEDUCTION PER COMPTR: | \$0.00 |
| MOVING EXPENSES: F3903: | \$0.00 |
| SELF EMPLOYMENT TAX DEDUCTION: | \$0.00 |
| SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER: | \$0.00 |
| SELF EMPLOYMENT TAX DEDUCTION VERIFIED: | \$0.00 |
| KEOGH/SEP CONTRIBUTION DEDUCTION: | \$0.00 |
| SELF-EMP HEALTH INS DEDUCTION: | \$0.00 |
| EARLY WITHDRAWAL OF SAVINGS PENALTY: | \$0.00 |
| ALIMONY PAID SSN: | XXX-XX-3370 |
| ALIMONY PAID: | \$17,804.00 |
| IRA DEDUCTION: | \$0.00 |
| IRA DEDUCTION PER COMPUTER: | \$0.00 |
| STUDENT LOAN INTEREST DEDUCTION: | \$0.00 |
| STUDENT LOAN INTEREST DEDUCTION PER COMPUTER: | \$0.00 |
| STUDENT LOAN INTEREST DEDUCTION VERIFIED: | \$0.00 |
| TUITION AND FEES DEDUCTION: | \$0.00 |
| TUITION AND FEES DEDUCTION PER COMPUTER: | \$0.00 |
| DOMESTIC PRODUCTION ACTIVITIES DEDUCTION: | \$0.00 |
| DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER: | \$0.00 |
| OTHER ADJUSTMENTS: | \$0.00 |
| ARCHER MSA DEDUCTION: | \$0.00 |
| ARCHER MSA DEDUCTION PER COMPUTER: | \$0.00 |
| TOTAL ADJUSTMENTS: | \$17,804.00 |
| TOTAL ADJUSTMENTS PER COMPUTER: | \$17,804.00 |
| ADJUSTED GROSS INCOME: | \$32,154.00 |
| ADJUSTED GROSS INCOME PER COMPUTER: | \$32,154.00 |

Tax and Credits

| | |
|--|-------------|
| 65-OR-OVER: | NO |
| BLIND: | NO |
| SPOUSE 65-OR-OVER: | NO |
| SPOUSE BLIND: | NO |
| STANDARD DEDUCTION PER COMPUTER: | \$0.00 |
| ADDITIONAL STANDARD DEDUCTION PER COMPUTER: | \$0.00 |
| TAX TABLE INCOME PER COMPUTER: | \$24,471.00 |
| EXEMPTION AMOUNT PER COMPUTER: | \$4,050.00 |
| TAXABLE INCOME: | \$20,421.00 |
| TAXABLE INCOME PER COMPUTER: | \$20,421.00 |
| TOTAL POSITIVE INCOME PER COMPUTER: | \$49,958.00 |
| TENTATIVE TAX: | \$2,598.00 |
| TENTATIVE TAX PER COMPUTER: | \$2,598.00 |
| FORM 8814 ADDITIONAL TAX AMOUNT: | \$0.00 |
| TAX ON INCOME LESS SOC SEC INCOME PER COMPUTER: | \$0.00 |
| FORM 6251 ALTERNATIVE MINIMUM TAX: | \$0.00 |
| FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER: | \$0.00 |
| FOREIGN TAX CREDIT: | \$0.00 |
| FOREIGN TAX CREDIT PER COMPUTER: | \$0.00 |
| FOREIGN INCOME EXCLUSION PER COMPUTER: | \$0.00 |
| FOREIGN INCOME EXCLUSION TAX PER COMPUTER: | \$0.00 |
| EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT: | \$0.00 |
| EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT: | \$0.00 |
| CHILD & DEPENDENT CARE CREDIT: | \$0.00 |
| CHILD & DEPENDENT CARE CREDIT PER COMPUTER: | \$0.00 |
| CREDIT FOR ELDERLY AND DISABLED: | \$0.00 |
| CREDIT FOR ELDERLY AND DISABLED PER COMPUTER: | \$0.00 |
| EDUCATION CREDIT: | \$0.00 |
| EDUCATION CREDIT PER COMPUTER: | \$0.00 |
| GROSS EDUCATION CREDIT PER COMPUTER: | \$0.00 |
| RETIREMENT SAVINGS CNTRB CREDIT: | \$0.00 |
| RETIREMENT SAVINGS CNTRB CREDIT PER COMPUTER: | \$0.00 |
| PRIM RET SAV CNTRB: F8880 LN6A: | \$0.00 |
| SEC RET SAV CNTRB: F8880 LN6B: | \$0.00 |
| TOTAL RETIREMENT SAVINGS CONTRIBUTION: F8880 CMPTR: | \$0.00 |
| RESIDENTIAL ENERGY CREDIT: | \$0.00 |
| RESIDENTIAL ENERGY CREDIT PER COMPUTER: | \$0.00 |
| CHILD TAX CREDIT: | \$0.00 |
| CHILD TAX CREDIT PER COMPUTER: | \$0.00 |
| ADOPTION CREDIT: F8839: | \$0.00 |
| ADOPTION CREDIT PER COMPUTER: | \$0.00 |
| FORM 8396 MORTGAGE CERTIFICATE CREDIT: | \$0.00 |
| FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER: | \$0.00 |
| F3800, F8801 AND OTHER CREDIT AMOUNT: | \$0.00 |
| FORM 3800 GENERAL BUSINESS CREDITS: | \$0.00 |
| FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER: | \$0.00 |
| PRIOR YR MIN TAX CREDIT: F8801: | \$0.00 |
| PRIOR YR MIN TAX CREDIT: F8801 PER COMPUTER: | \$0.00 |
| F8936 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT: | \$0.00 |
| F8936 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER: | \$0.00 |
| F8910 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT: | \$0.00 |
| F8910 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER: | \$0.00 |
| OTHER CREDITS: | \$0.00 |
| TOTAL CREDITS: | \$0.00 |
| TOTAL CREDITS PER COMPUTER: | \$0.00 |
| INCOME TAX AFTER CREDITS PER COMPUTER: | \$2,598.00 |

Other Taxes

| | |
|--|--------|
| SE TAX: | \$0.00 |
| SE TAX PER COMPUTER: | \$0.00 |
| SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS: | \$0.00 |

SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER:.....\$0.00
TAX ON QUALIFIED PLANS F5329 (PR):.....\$0.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER:.....\$0.00
IRAF TAX PER COMPUTER:.....\$0.00
TP TAX FIGURES (REDUCED BY IRAF) PER COMPUTER:.....\$2,598.00
IMF TOTAL TAX (REDUCED BY IRAF) PER COMPUTER:.....\$2,598.00
OTHER TAXES PER COMPUTER:.....\$0.00
UNPAID FICA ON REPORTED TIPS:.....\$0.00
OTHER TAXES:.....\$0.00
RECAPTURE TAX: F8611:.....\$0.00
HOUSEHOLD EMPLOYMENT TAXES:.....\$0.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER:.....\$0.00
HEALTH CARE RESPONSIBILITY PENALTY:.....\$0.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED:.....\$0.00
HEALTH COVERAGE RECAPTURE: F8885:.....\$0.00
RECAPTURE TAXES:.....\$0.00
TOTAL ASSESSMENT PER COMPUTER:.....\$2,598.00
TOTAL TAX LIABILITY TP FIGURES:.....\$2,598.00
TOTAL TAX LIABILITY TP FIGURES PER COMPUTER:.....\$2,598.00

Payments

FEDERAL INCOME TAX WITHHELD:.....\$0.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY:.....\$0.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR:.....1
ESTIMATED TAX PAYMENTS:.....\$0.00
OTHER PAYMENT CREDIT:.....\$0.00
REFUNDABLE EDUCATION CREDIT:.....\$0.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER:.....\$0.00
REFUNDABLE EDUCATION CREDIT VERIFIED:.....\$0.00
EARNED INCOME CREDIT:.....\$0.00
EARNED INCOME CREDIT PER COMPUTER:.....\$0.00
EARNED INCOME CREDIT NONTAXABLE COMBAT PAY:.....\$0.00
SCHEDULE 8812 NONTAXABLE COMBAT PAY:.....\$0.00
EXCESS SOCIAL SECURITY & RRRA TAX WITHHELD:.....\$0.00
SCHEDULE 8812 TOT SS/MEDICARE WITHHELD:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT PER COMPUTER:.....\$0.00
SCHEDULE 8812 ADDITIONAL CHILD TAX CREDIT VERIFIED:.....\$0.00
AMOUNT PAID WITH FORM 4868:.....\$0.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT:.....\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS:.....\$0.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER:.....\$0.00
HEALTH COVERAGE TX CR: F8885:.....\$0.00
PREMIUM TAX CREDIT AMOUNT:.....\$0.00
PREMIUM TAX CREDIT VERIFIED AMOUNT:.....\$0.00
PRIMARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
SECONDARY NAP FIRST TIME HOME BUYER INSTALLMENT AMT:.....\$0.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT:.....\$0.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER:.....\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER:.....\$0.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2):.....\$0.00
FORM 2439 AND OTHER CREDITS:.....\$0.00
TOTAL PAYMENTS:.....\$0.00
TOTAL PAYMENTS PER COMPUTER:.....\$0.00

Refund or Amount Owed

AMOUNT YOU OWE:.....\$2,598.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX:.....\$0.00
ESTIMATED TAX PENALTY:.....\$0.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER:.....\$0.00
BAL DUE/OVER PYMT USING TP FIG PER COMPUTER:.....\$2,598.00
BAL DUE/OVER PYMT USING COMPUTER FIGURES:.....\$2,598.00
FORM 8888 TOTAL REFUND PER COMPUTER:.....\$0.00

Third Party Designee

THIRD PARTY DESIGNEE ID NUMBER:.....
AUTHORIZATION INDICATOR:.....0
THIRD PARTY DESIGNEE NAME:.....

Schedule A--Itemized Deductions

MEDICAL/DENTAL

MEDICAL AND DENTAL EXPENSES:.....\$5,800.00
ADJUSTED GROSS INCOME PERCENTAGE:.....\$2,412.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT:.....\$0.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT:.....\$2,411.00
NET MEDICAL DEDUCTION:.....\$3,388.00
NET MEDICAL DEDUCTION PER COMPUTER:.....\$3,389.00

TAXES PAID

STATE AND LOCAL INCOME TAXES:.....\$0.00
INCOME TAX OR GENERAL SALES TAX:.....0
REAL ESTATE TAXES:.....\$0.00
PERSONAL PROPERTY TAXES:.....\$295.00
OTHER TAXES AMOUNT:.....\$0.00

SCH A TAX DEDUCTIONS:.....\$295.00
SCH A TAX PER COMPUTER:.....\$295.00

INTEREST PAID

MORTGAGE INTEREST (FINANCIAL):.....\$0.00
MORTGAGE INTEREST (INDIVIDUAL):.....\$0.00
DEDUCTIBLE POINTS:.....\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:.....\$0.00
DEDUCTIBLE INVESTMENT INTEREST:.....\$0.00
TOTAL INTEREST DEDUCTION:.....\$0.00
TOTAL INTEREST DEDUCTION PER COMPUTER:.....\$0.00

CHARITABLE CONTRIBUTIONS

CASH CONTRIBUTIONS:.....\$4,000.00
OTHER THAN CASH: Form 8283:.....\$0.00
CARRYOVER FROM PRIOR YEAR:.....\$0.00
SCH A TOTAL CONTRIBUTIONS:.....\$4,000.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:.....\$4,000.00

CASUALTY AND THEFT LOSS

CASUALTY OR THEFT LOSS:.....\$0.00

JOBS AND MISCELLANEOUS

UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:.....\$0.00
TOTAL LIMITED MISC EXPENSES:.....\$0.00
NET LIMITED MISC DEDUCTION:.....\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:.....\$0.00

OTHER MISCELLANEOUS

OTHER THAN GAMBLING AMOUNT:.....\$0.00
OTHER MISC DEDUCTIONS:.....\$0.00

TOTAL ITEMIZED DEDUCTIONS

TOTAL ITEMIZED DEDUCTIONS:.....\$7,683.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$7,683.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:.....\$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:.....
SCH A ITEMIZED PERCENTAGE PER COMPUTER:.....\$0.00

Form 8863 - Education Credits (Hope and Lifetime Learning Credits)

PART III - ALLOWABLE EDUCATION CREDITS

GROSS EDUCATION CR PER COMPUTER:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT:.....\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:.....\$0.00

This Product Contains Sensitive Taxpayer Data

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FILED
COURT OF APPEALS
DIVISION II

2019 JUL 11 PM 2:29

STATE OF WASHINGTON

BY _____
DEPUTY

COURT OF APPEALS DIVISION TWO
OF THE STATE OF WASHINGTON

In re:

Appellant (*person/s who started this case*):

Darnell Ramon Mosley

No. 53359-6

Notice of Unavailability

Appellee (*other party/parties*):

Angelique Edna Mosley

TO: CLERK OF THE ABOVE ENTITLED COURT
TO: Robert Helland, Attorney for Appellee

You and each of you please take notice that Holly Stanton, attorney of record for the Appellant in the above-entitled proceeding, will be absent from her office on the following dates:

August 8 – 15, 2019 August 19 – 26, 2019
November 26 – 29, 2019 December 18, 2019 – January 2, 2020

The undersigned therefore requests that no depositions, motions, court hearings, CR 35 examinations or other matters be scheduled during this period of time which requires her attention in person or by pleading. The undersigned has no partners or associates sufficiently familiar with this case to be able to work on same and supervise or introduce another attorney to the facts and proceedings involved in this case. The undersigned will request terms or other

Notice of Unavailability

p. 1 of 2

Law Office of Holly Stanton, PLLC
201 South 34th Street
Tacoma, WA 98418
Phone: 253.848.9948
Fax: 253.220.2676

1 sanctions, should any matters requiring her attention or attendance be scheduled during this
2 time.

3 The undersigned further requests that the Clerk of the Court transmit this information
4 whenever any motion or other matter is set within the time period stated above to inform the
5 Court hearing the matter, of the filing of this notice.

6 DATED this 11th day of July, 2019.

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Holly Stanton, WSBA #26853
Attorney for Petitioner

2019 JUL 11 PM 2:29

STATE OF WASHINGTON

BY _____
DEPUTY

COURT OF APPEALS DIVISION TWO
OF THE STATE OF WASHINGTON

Darnell Mosley,

Petitioner,

and

Angelique Mosley,

Respondent.

Case No.: 17-3-01116-8

DECLARATION OF SERVICE

Proof of Personal Service

Server declares:

1. My name is: Holly Stanton. I am **not** a party to this case. I am 18 or older.

2. Personal Service

I served court documents for this case to *(name of party): Robert Helland, Attorney for Respondent*

by *(check one):*

giving the documents directly to him/her.

giving the documents to *(name): Jeannie Front Desk*
a person of suitable age and discretion who lives at the same address as the party.

3. Date, time, and address of service

Date: 7/11/19 Time: 2:15 a.m. p.m.

Address: 960 Market St, Tacoma, WA 98402

DECLARATION OF SERVICE - 1

Law Office of Holly Stanton, PLLC
201 South 34th Street
Tacoma, WA 98418
Phone: 253.848.9948; Fax: 253.220.2676

1 **4. List all documents you served: Brief of Appellant.** + Notice Unavailability.

2 I declare under penalty of perjury under the laws of the state of Washington that the statements
3 on this form are true.

4 Signed at (city and state): Tacoma, WA

Date: 7/11/19

5 
Signature of server

Holly Stanton/WSBA#26853
Print or type name of server

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