

Washington State Child Support Schedule Worksheets

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

County _____ Case Number: _____

Child/ren and Age/s: _____

Parents' names: _____
(Column 1)
(Column 2)

	Column 1	Column 2
Part I: Income (see Instructions, page 8)		
1. Gross Monthly Income		
a. Wages and Salaries	\$	\$
b. Interest and Dividend Income	\$	\$
c. Business Income	\$	\$
d. Maintenance Received	\$	\$
e. Other Income	\$	\$
f. Imputed Income	\$	\$
g. Total Gross Monthly Income (add lines 1a through 1f)	\$	\$
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$	\$
b. FICA (Soc. Sec.+ Medicare)/Self-Employment Taxes	\$	\$
c. Mandatory State Deductions (state insurance premiums actually paid, paid family and medical leave program, and long-term services and supports trust program)	\$	\$
d. State Industrial Insurance Deductions	\$	\$
e. Mandatory Union/Professional Dues	\$	\$
f. Mandatory Pension Plan Payments	\$	\$
g. Voluntary Retirement Contributions	\$	\$
h. Maintenance Paid	\$	\$
i. Normal Business Expenses	\$	\$
j. Total Deductions from Gross Income (add lines 2a through 2i)	\$	\$
3. Monthly Net Income (line 1g minus 2j)	\$	\$
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)	\$	\$

	Column 1	Column 2
5. Basic Child Support Obligation Number of children: _____ x \$ _____ per child (enter total amount in box →)	\$	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.	.
Part II: Basic Child Support Obligation (see Instructions, page 10)		
7. Each Parent's Basic Child Support Obligation without consideration of low-income limitations. (Multiply each number on line 6 by line 5.)	\$	\$
8. Calculating low-income limitations: Fill in only those that apply.		
Self-Support Reserve: (180% of the federal poverty guideline for a one-person family.)	\$	
a. Is Combined Net Income Less Than \$2,200? 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.	\$	\$
d. Any Other Biological or Legal Children? If yes , for each parent subtract the self-support reserve from line 3 and divide the amount by the total number of biological or legal children each parent has. Multiply that amount by the number of children in this case. Enter that amount or the presumptive \$50 per child in this case , 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 – 8d, but not less than the presumptive \$50 per child.	\$	\$
Part III: Healthcare, Daycare, and Special Child Rearing Expenses (see Instructions, page 11)		
10. Healthcare Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$
b. Uninsured Monthly Healthcare Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Healthcare Expenses (line 10a plus line 10b)	\$	\$
d. Combined Monthly Healthcare Expenses (add both parents' totals from line 10c)	\$	
11. Daycare and Special Expenses		
a. Daycare Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
	\$	\$

	Column 1	Column 2
e. Total Daycare and Special Expenses (add lines 11a through 11d)	\$	\$
12. Combined Monthly Total Daycare and Special Expenses (add both parents' daycare and special expenses from line 11e)	\$	
13. Total Healthcare, Daycare, and Special Expenses (line 10d plus line 12)	\$	
14. Each Parent's Obligation for Healthcare, Daycare, and Special Expenses (multiply each number on line 6 by line 13)	\$	\$
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$	\$
Part V: Child Support Credits (see Instructions, page 12)		
16. Child Support Credits		
a. Monthly Healthcare Expenses Credit	\$	\$
b. Daycare and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)	\$	\$
d. Total Support Credits (add lines 16a through 16c)	\$	\$
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 12)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$	\$
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)	\$	\$
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$	\$
Part VIII: Additional Factors for Consideration (see Instructions, page 12)		
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.)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$

	Column 1	Column 2
	\$	\$
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 _____	\$ \$	\$ \$
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8 _____	\$	\$
d. Income of Child(ren) (if considered extraordinary) Name _____ Name _____	\$ \$	\$ \$
e. Income from Child Support Name _____ Name _____	\$ \$	\$ \$
f. Income from Assistance Programs Program _____ Program _____	\$ \$	\$ \$
g. Other Income (describe) _____ _____	\$ \$	\$ \$
23. Non-Recurring Income (describe) _____ _____	\$ \$	\$ \$
24. Monthly Child Support Ordered for Other Children		
Name/age: _____ Paid [] Yes [] No	\$	\$
Name/age: _____ Paid [] Yes [] No	\$	\$
Name/age: _____ Paid [] Yes [] No	\$	\$
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		

