Washington State Child Support Schedule Worksheets

[] Proposed by [] (name	e)	, [] State of WA (CSWP
Or, [] Signed by the Jud	icial/Reviewing Officer (CSW).	
County	Case No	
Child/ren and Age/s:		
Parents' names:		
	(Column 1)	(Column 2)

	Colu	mn 1	Colun	nn 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	\$		\$	
 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 →)	\$			
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. <u>Is Combined Net Income Less Than \$2,200?</u> If yes , for each parent enter the presumptive \$50 per child .	\$		\$	
b. <u>Is Monthly Net Income Less Than Self-Support Reserve?</u> 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, divide the amount in line c by the total number of biological or legal children each parent has. Multiply that amount by the number of children in this case.	\$		\$	
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 Ins	tructions	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	Ψ		Ι Ψ	
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	nstructi	ons, pag	e 12)	
17. Standard Calculation (line 15 minus line 16d or \$50 per child		-		
whichever is greater)	\$		\$	
Part VII: Additional Informational Calculations	ī			
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, pag	e 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.)			
	\$ \$		1	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

	Column 1	Column 2
22. Other Household Income		1
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)	1	
	\$	\$
	\$	\$
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))		
	1	

			Column 1	Column 2	
26. Other Factors	for Consideration:				
Other Easters for	Consideration (continu	ed) (attach additional pag	100 20 000000	ru)	
Other Factors for	Consideration (continu	eu) (allacii addilionai paç	jes as necessa	ту)	
Signature and D					
I declare, under p	penalty of perjury under se Worksheets is comple	the laws of the State of V	Vashington, the	information	
contained in thes	e worksheets is comple	ste, true, and correct.			
Parent's Signatu	Parent's Signature (Column 1)		Parent's Signature (Column 2)		
-				_	
Date	City	Date	С	ity	
udicial/Reviewing	Officer	Date			

This worksheet has been certified by the State of Washington Administrative Office of the Courts.

Photocopying of the worksheet is permitted.