Rule 9.27 Child Support Guidelines Worksheets. Rule 9.27 — Form 1: *Child Support Guidelines Worksheet*.

#### FORM 1 CHILD SUPPORT GUIDELINES WORKSHEET

Docket No:	(NAME)
Custodial Parent [ ] Noncustodial Parent [ ] Join	t Physical Care (Select one)
(claiming child/children as tax dependents)	trinysical care (Select one)
A. Sources and Amounts of Annual Income:	
	\$
	\$
	\$
	TOTAL: \$
3. Federal Tax Deduction:	· ·
Gross Annual Taxable Income ( untaxed)	\$
less ½ self employment (FICA) tax	< >
less federal adjustments to income	<>
less personal exemptions, self dep.	<>
less standard deduction	
single [ ] h of h [ ] mfs [ ]	<>
Net taxable income – federal	\$
Federal tax liability (from tax table)	<>
Federal Tax Credit for Dependent Children	+
Final Federal tax liability	
C. State Tax Deduction:	
Gross Annual Taxable Income	\$
less ½ self employment (FICA) tax	<>
less state adjustments to income	<>
less federal tax liability (adjusted for dependent tax credit)	<u> </u>
less standard deduction	
single [ ] h of h [ ] mfs [ ]	<>
Net taxable income – state	\$
State tax liability (from tax table) \$	
less personal and dependent credits <	>
plus school district surtax (%)	
Final state tax liability	<
O. Social Security and Medicare Tax Deduction:	
Annual earned income	\$
Applicable rate (7.65% or 15.3%, as adjusted)	X
Annual Social Security and Medicare tax liability	< <u>-</u>
C. Other Deductions (Annual):	
Mandatory pension	<_
2. Union dues	<
3. Actual medical support paid pursuant to court order or ac	
order in another order for other children, not the pending ma	-
4. Prior obligation of child support and spouse support act	ually
paid pursuant to court or administrative order	Sec. 11. (-1.1)
5. Deduction for additional qualified dependents (f	rom tables)
6. Child care expenses (present action) less federal child care tax credit	<b>5</b>
	<u> </u>
less state child care tax credit	<u> </u>
Net child care expenses	<_ e
Preliminary Net Annual Income	\$
Preliminary Average Monthly Income of Petitioner	sotion \$
7. Cash Monthly Medical Support ordered in this pending	action
Adjusted Not Monthly Income of Detitionary (Dealissinger	y Average Monthly
Adjusted Net Monthly Income of Petitioner (Preliminary	
income minus monthly cash medical support ordered in this	s action) \$_

II.	NET MONTHLY INCOME OF RESPONDENT		(NAME),	
[	Custodial Parent [ ] Noncustodial Parent [ ] Joint Physical Care (Selection of Calcium) Child/children as tax dependents)	ect one)		
A.	Sources and Amounts of Annual Income:			
		\$		
		\$		
	TOTAL	\$		
ъ	TOTAL	i.	<	>
В.	Federal Tax Deduction:	¢		
	Gross Annual Taxable Income ( untaxed)	\$		
	less ½ self employment (FICA) tax less federal adjustments to income	<u>-</u>	(	
	J. Control of the con	<u>-</u>	<del></del> (	
	less personal exemptions, self dep. less standard deduction			
	single [ ] h of h [ ] mfs [ ]	_	>	
	Net taxable income – federal	\$		
	Federal tax liability (from tax table)	<	>	
	Federal Tax Credit for Dependent Children	+		
	Final Federal Tax Liability			>
C.	State Tax Deduction:		·	_
	Gross Annual Taxable Income	\$		
	less ½ self employment (FICA) tax	<	>	
	less state adjustments to income	<	>	
	less federal tax liability (adjusted for dependent tax credit)	<	>	
	less standard deduction			
	single [ ] h of h [ ] mfs [ ]	<	>	
	Net taxable income – state	\$		
	State tax liability (from tax table) \$			
	less personal and dependent credits < >			
	plus school district surtax ( %)			
	Final state tax liability		<	>
D.	Social Security and Medicare Tax Deduction:			
	Annual earned income	\$		
	Applicable rate (7.65% or 15.3%, as adjusted)	X	%	
_	Annual Social Security and Medicare tax liability		<	>
E.	Other Deductions (Annual):			
	1. Mandatory pension		<u> </u>	_?
	<ol> <li>Union dues</li> <li>Actual medical support paid pursuant to court order or administrative</li> </ol>			
	order in another order for other children, not the pending matter		<	>
	4. Prior obligation of child support and spouse support actually			
	paid pursuant to court or administrative order		<	>
	5. Deduction for additional qualified dependents (from tables)		<	>
	6. Child care expenses (present action)	\$		
	less federal child care tax credit	<	>	
	less state child care tax credit	<	>	
	Net child care expenses		<u> </u>	>
				_
	Preliminary Net Annual Income		\$	
	Preliminary Average Monthly Income of Respondent		\$	
	7. Cash Monthly Medical Support ordered in this pending action		<	>
	Adjusted Net Monthly Income of Respondent (Preliminary Average Monthly			
	income minus monthly cash medical support ordered in this action)		\$	

#### III. CALCULATION OF THE GUIDELINE AMOUNT OF SUPPORT (If applicable)

		Custodial Parent [ ] Petitioner [ ] Respondent		Noncustodial Parent [ ] Petitioner [ ] Respondent			Combined
A.	Adjusted Net Monthly Income	\$	+	\$	=	\$	
B.	Proportional Share of Income (Also used for Uncovered Medical Expenses)	%	+	%	=	_	100%
C.	Number of Children for Whom Support is Sought						
D.	Basic Support Obligation Before Health Insurance					\$	
E.	Cost of Child(ren)'s Health Insurance Premium (Difference between family and single cost.)	\$	+	\$	=	\$	
F.	Total Obligation (Line D + combined amount line E)					\$	
G.	Each Parent's Share of Total Obligation (Line F multiplied by line B for each parent)	\$		\$		_	
H.	Guideline Amount of Child Support for NCP (NCP's line G minus NCP's line E)			\$			
]	II. a. EXTRAORDINARY VISITATION CREDI (Complete only if noncustodial parent's court–ordered v		vern	nights per year.)			
	I. Proportionate Share of Basic Obligation Before (NCP's line B multiplied by line D; however, if the loapplies use amount from line D only and do not multiplied by the state of the state	w income adjustment	\$				
	<ul> <li>Number of court–ordered visitation overnights noncustodial parent</li> </ul>	with the					
	K. Extraordinary Visitation Credit Percentage			%			
	L. Extraordinary Visitation Credit (Line I multiplied by Line K)		\$				
	<ul> <li>M. Guideline Amount of Child Support (After Creative Visitation)         <ul> <li>(Line H minus line L)</li> </ul> </li> </ul>	dit for Extraordinary	\$				

# IV. CALCULATION OF THE JOINT (EQUALLY SHARED) PHYSICAL CARE GUIDELINE AMOUNT OF CHILD SUPPORT (If applicable)

		P	etitioner		Respondent		Combined
A.	Adjusted Net Monthly Income	\$		+ 5	5	= \$	
B.	Proportional Share of Income (Also used for Uncovered Medical Expenses)		%		%	=	100%
C.	Number of Children for Whom Support is Sought						
D.	Basic Support Obligation Before Health Insurance (Use line A combined amount to find amount from Schedule of Basic Support Obligations)	\$		S	S		

E.	Each Parent's Basic Primary Care Amount Before Health Insurance (Line B multiplied by line D for each parent)	\$ _	\$		
F.	Each Parent's Share of Joint Physical Support (Line E multiplied by 1.5 for each parent to account for extra costs for two residences.)	\$ _	\$		
G.	Each Parent's Joint Physical Care Support Obligation Before Health Insurance (Line F multiplied by .5 for each parent to account for 50% of time spent with each parent.)	\$ _	\$		
Н.	Cost of Child(ren)'s Health Insurance Premium* (Difference between family and single cost.) (*The health insurance adjustment does not apply if either parent's net income on line A falls within the shaded area of the Schedule of Basic Child Support Obligations. Do not complete lines H, I and J and enter \$-0- for each parent on line K.)	\$ +	\$	= \$	
I.	Each Parent's Share of Health Insurance Costs (Each parent's line B multiplied by combined amount on line H.)	\$	\$		
J.	Cost of Child's Health Insurance Premium	\$ _	\$		
K.	Amount Owed for Parent's Share of Health Insurance (Each parent's line I minus each parent's line J, if a negative amount, enter \$0)	\$ _	\$		
L.	Guideline Amount of Child Support (Each parent's line G plus each parent's line K)	\$	\$		
M.	Net Amount of Child Support for Joint Physical Support After Offset (Smaller amount on line L subtracted from larger amount on line L. Parent with larger amount on line L pays the other parent the difference, as a method of payment. Obligation amounts revert to line L if FIP is paid.)	\$ _	\$		
V.	SPECIAL FINDINGS				
A.	Income imputed to Petitioner Income imputed to Respondent				
B.	Estimated income of Petitioner Estimated income of Respondent				
C.	Deviations made from Child Support Guidelines				
D.	Requested amount of child support		\$		per month

VI. CHANGES IN CHILD SUPPORT OBLIGATION AS NUMBER OF CHILDREN ENTITLED TO SUPPORT CHANGES (For cases with multiple children based on present income and applicable guidelines calculation method):

VI-a. Basic Obligation (if applicable)

Number of Children	<u>Total</u> <u>Obligation</u>	NCP's Share of Total Obligation	NCP's Cost of Children's Health Insurance	Extraordinary Visitation Credit* (*If applicable)	Guideline Amount of Child Support
	(Line F)**	(NCP's Line G)**	(NCP's Line E)**	(Line L)**	(Line H or M)**
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

<sup>\*\*(</sup>All Line references are to Division III., Calculation of the Guideline Amount of Support section of the worksheet.)

#### VI-b. Joint (Equally Shared) Physical Care Obligation (if applicable)

Number of Children	Guideline Amount of Child Support Petitioner (Line L)*	Guideline Amount of Child Support Respondent (Line L)*	Net Amount of Child Support For Joint Physical Support After Offset (Line M)*
	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$
	section of the worksheet.)	ion of the Joint (Equally Shared) Phy : ss	sical Care Guideline Amount of
		swear or affirm that the foregoing ion available to me at this time.	g statement is true, complete
Date:		(Name)	

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

(Attorney)	

### FORM 2 CHILD SUPPORT GUIDELINES WORKSHEET

		Date		
Case	No.:	De	ependents:	
Docl	ket No	o.:		
Nam	ie:	Na	ime:	
( )	Noncu	stodial Parent [NCP] ( ) Custodial Parent (	) Noncustodial Parent [NCP] (	) Custodial Parent
Metl	nod(s)	Used to Determine Income Me	ethod(s) Used to Determine	ncome
			) Parent's Financial	
	Staten	nent/Verified Income	Statement/Verified Income	2
( )	Other	Sources (	) Other Sources	
( )	CSRU	U Median Income (	) CSRU Median Income	
I. A	DJUS	STED NET MONTHLY INCOME COMPUTAT	ION  Custodial Parent*	Noncustodial Parent*
			(name)	(name)
A.	Gros	ss Monthly Income	\$	_ \$
	B.	Federal Income Tax	\$	\$
	C.	State Income Tax	\$	\$
	D.	Social Security Deductions	\$	\$
	E.	Mandatory Pension Deductions	\$	\$
	F.	Union Dues	\$	\$
	G.	Actual Medical Support Paid Pursuant to Court C Administrative Order in Another Order for Other Children, Not the Pending Matter	order or \$	\$
	H.	Prior Obligation of Child Support and Spouse Sup Actually Paid Pursuant to Court or Administrative		\$
	I.	Qualified Additional Dependent Deductions	\$	\$
	J.	Actual Child Care Expense While Custodial Pare Employed, Less the Appropriate Income Tax Cre		\$
K.		iminary Net Income for Each Parent Line A minus lines B through J for each parent.)	\$	\$
	L.	If Ordered in this Pending Matter, Cash Medical Support	\$	\$
M.	(Ľ	usted Net Monthly Income ine K minus line L.) mount used to calculate the guideline amount of child sup	pport.) \$	<b>s</b>

<sup>\*</sup>In cases of joint physical care, use names only and designate both parents as custodial parents

### II. CALCULATION OF THE GUIDELINE AMOUNT OF SUPPORT (If applicable)

			Custodial Parent	Ì		Noncustodial Parent		Combined
			(name)			(name)		
A.	Adjusted Net Monthly Income	\$		+	\$		= \$	
B.	Proportional Share of Income (Also used for Uncovered Medical Expenses)		%	+		%	=	100%
C.	Number of Children for Whom Support is Sought				-			
D.	Basic Support Obligation Before Health Insurance						\$	
E.	Cost of Child(ren)'s Health Insurance Premium (Difference between family and single cost)	\$		+	\$		= \$	
F.	Total Obligation (Line D + combined amount line E)						\$	
G.	Each Parent's Share of Total Obligation (Line F multiplied by line B for each parent)	\$			\$			
Н.	Guideline Amount of Child Support for NCP (NCP's line G minus NCP's line E)	-			\$			
	II.—a. EXTRAORDINARY VISITATION CREDI' (Complete only if noncustodial parent's court–ordered v		tion exceeds 12	7 ov	erni	ights per year)		
	I. Proportionate Share of Basic Obligation Before (NCP's line B multiplied by line D; however, if the lov applies use amount from line D only and do not multi-	w in	come adjustment		\$			
	<ul> <li>J. Number of court—ordered visitation overnights v noncustodial parent</li> </ul>	with	n the		_		_	
	K. Extraordinary Visitation Credit Percentage				-	%	_	
	L. Extraordinary Visitation Credit (Line I multiplied by Line K)				\$		_	
	M. Guideline Amount of Child Support (After Cred Visitation) (Line H minus line L)	lit f	or Extraordina	ry	\$		_	

# III. CALCULATION OF THE JOINT (EQUALLY SHARED) PHYSICAL CARE GUIDELINE AMOUNT OF CHILD SUPPORT (If applicable)

		(name)			(name)				Combined
A.	Adjusted Net Monthly Income	\$		+	\$		=	\$	
B.	Proportional Share of Income (Also used for Uncovered Medical Expenses)		%			%	=		100%
C.	Number of Children for Whom Support is Sought							_	
D.	Basic Support Obligation Before Health Insurance (Use line A combined amount to find amount from Schedule of Basic Support Obligations)	\$			\$			_	

E.	Each Parent's Basic Prin Before Health Insurance (Line B multiplied by lin	2		\$	\$		
F.	Each Parent's Share of Jo (Line E multiplied by 1. account for extra costs	5 for each parent to		\$	\$		
G.	Each Parent's Joint Phy Obligation Before Healt (Line F multiplied by .5 account for 50% of time	th Insurance for each parent to	)	\$	\$		
Н.	Cost of Child(ren)'s Hea (Difference between fan (*The health insurance a either parent's net incor shaded area of the Sche Obligations. Do not co enter \$-0- for each pare	nily and single cost.) adjustment does not app me on line A falls withindule of Basic Child Sup mplete lines H, I and J a	oly if n the oport	\$	+ \$		= \$
I.	Each Parent's Share of H (Each parent's line B manument on line H)		S	\$	\$		
J.	Cost of Child's Health I	nsurance Premium		\$	- \$		
K.	Amount Owed for Parel Insurance (Each parent's line I min if a negative amount, er	nt's Share of Health		\$	\$		
L.	Guideline Amount of C (Each parent's line G pl	hild Support	)	\$	\$		
M.	Net Amount of Child Su Support After Offset (Smaller amount on line larger amount on line L amount on line L pays to difference, as a method amounts revert to line I	L subtracted from Parent with larger the other parent the of payment. Obligation		\$	\$		
IV.	<b>Deviations:</b> (See attac	hment)			=		
v.	RECOMMENDED A	MOUNT OF SUPPO	ORT: S	<u> </u>		per	
V-a	a. Recommended Amou	nt of Accrued Suppo	ort:	\$		(See attachme	ent)
VI.	Changes in Child Sup (For cases with multiple	port Obligation as N children based on prese	Number ent incom	of Children En	ntitled guidelin	to Support C es calculation m	hanges nethod):
•	VI-a. Basic Obligation (	(if applicable)					
	nber of <u>Total</u> ildren <u>Obligation</u>	NCP's Share of Total Obligation	Child Ir	P's Cost of ren's Health surance	Visitat (*If a	aordinary tion Credit* applicable)	Guideline Amount of Child Support
	(Line F)**	(NCP's Line G)**	(NCP	's Line E)**	(Li	ne L)**	(Line H or M)**
	\$ \$ \$ \$	\$ \$ \$ \$	\$ \$	\$ \$ \$ \$ \$ \$	<u> </u>		\$ \$ \$ \$

<sup>\*\*(</sup>All Line references are to Division II., Calculation of the Guideline Amount of Support section of the worksheet.)

### VI-b. Joint (Equally Shared) Physical Care Obligation (if applicable)

Number of Children	(name)  \$ \$	Child Supp (Line L)*	ort	(name)  \$ \$	leline Amount Child Support (Line L)*	\$ \$ \$	upport For Support A	unt of Child Joint Physical After Offset ne M)*
*(All line refe Child Suppo VII. Qualified	ort section o	of the works	heet.)		oint (Equally Sha			
					Paternity Establishment Method			
Chile	d's Name		Whose Child	Date of Birth	Court/ Admin. Order	In Court Stmt. & Consent	Paternity Affidavit	Child Born During Marriage
STATE OF IO				wear or affirm	that the forego	ing statem	ent is true,	
•		٠		an miormau	on available to	me at this time	z.	
Date:					[Print name]**			
The undersig Support Guidel available to me	gned attorn ines Work at this tin	ney for sheets wer ne.	e prepare	ed by me or a	ht my direction	ereby certifies in good faith re	that the fo	oregoing Child on information
Date:					(Attorney for)**			)**
Prepared by:					Date:			

<sup>\*\*</sup>Child Support Recovery Unit is not required to obtain signatures.