

STATE OF ILLINOIS, CIRCUIT COURT COUNTY	Additional My Employment/Business (FINANCIAL AFFIDAVIT) <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment	<i>For Court Use Only</i>
Instructions ▼ Enter above the county name where the case was filed. Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint. Enter the Case Number given by the Circuit Clerk.	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Petitioner <i>(First, middle, last name)</i> </div> <div style="margin-bottom: 10px;">v.</div> <div style="border-bottom: 1px solid black;"> Respondent <i>(First, middle, last name)</i> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Case Number </div>

IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Fill out this form only if you have additional Employment and/or Businesses . If you fill it out, attach this form to your <i>Financial Affidavit</i> . In 6 , check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income. In 6b , enter your total gross income from this employer from January 1 of this year through the date you complete this form. Provide Fair Market Value (FMV) amounts for items or services provided to you by the business.	<div> 6. My Employment/Business a. I am <input type="checkbox"/> unemployed b. I am <input type="checkbox"/> employed by someone else Employer name: _____ Employer address: _____ <i>Street Address, Apt.</i> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <i>City</i> <i>State</i> <i>ZIP</i> </div> Number of paychecks per <input type="checkbox"/> 12 <i>(monthly)</i> <input type="checkbox"/> 24 <i>(two times a month)</i> <input type="checkbox"/> 26 <i>(every two weeks)</i> <input type="checkbox"/> 52 <i>(weekly)</i> <input type="checkbox"/> I am paid in cash Gross income <i>(pay before taxes and deductions)</i> so far this year \$ _____ as of _____ <i>Date</i> </div> c. Self-Employment or Other Business Income: <input type="checkbox"/> own a business as a sole proprietorship. <input type="checkbox"/> as an independent contractor. <input type="checkbox"/> as a member of a partnership. <input type="checkbox"/> as a member of a limited liability company (LLC) not treated as a corporation. <input type="checkbox"/> closely held corporation. <input type="checkbox"/> other flow-through business entity Business name: _____ Business address: _____ <i>Street Address, Apt.</i> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <i>City</i> <i>State</i> <i>ZIP</i> </div>
---	---

In **6c**, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

Gross business receipts for last year \$_____ and so far this year \$_____

Ordinary and necessary expenses required to carry on the business for

Last year \$_____ and this year \$_____

Do you receive any of the following from the business (*check all that apply*):

- ☐ Reimbursed meals.....
- ☐ Company car.....
- ☐ Free housing or housing allowance.....
- ☐ Other _____

(You must attach complete business federal and state business tax returns for the most recent tax year.)