

Statement of Income and Expenses

(To be completed if custody is the basis of your request)

General Information

Name _____ Date _____
Address _____ Daytime Telephone Number _____
_____ Social Security Number _____
New York Case Identifier(s) and county for all support cases involving the children that are now in your custody:
ID _____ County _____ ID _____ County _____
ID _____ County _____ ID _____ County _____
Copies of this form must be sent to each county that you request a review of the additional amount.

Income Information

Annual gross income \$ _____
Married ☐ Yes ☐ No
If yes, please list your spouse's annual gross income \$ _____

Family Expense Information

For any expenses that are paid each week, multiply by 4.3 to obtain a monthly payment. Expenses included under "Other" should be listed separately with separate dollar amounts. Attach additional sheets, if needed. When available, please provide documentary proof of your expenses, for example: a cancelled rent or mortgage check, a utility bill, or receipts.

Please list expenses on a monthly basis:

- | | |
|--|--------------------|
| 1. Housing: rent, mortgage, real estate taxes, association fees, condominium charges, cooperative apartment maintenance | 1. Total \$ _____ |
| 2. Utilities: fuel oil, gas, electricity, telephone, water | 2. Total \$ _____ |
| 3. Food: groceries, school lunches | 3. Total \$ _____ |
| 4. Child support payments, alimony and maintenance payments | 4. Total \$ _____ |
| 5. Clothing | 5. Total \$ _____ |
| 6. Laundry: Laundromat, dry cleaning | 6. Total \$ _____ |
| 7. Insurance: life, homeowner's/tenant's, fire, theft and liability, automotive, umbrella policy, medical plan, dental plan, optical plan, prescription drug plan, disability | 7. Total \$ _____ |
| 8. Unreimbursed health expenses: medical, dental, optical, prescription | 8. Total \$ _____ |
| 9. Automotive: lease or loan payments, gas and oil, parking and tolls
Year: _____ Make: _____ Personal: ____ Business: ____
Year: _____ Make: _____ Personal: ____ Business: ____
Year: _____ Make: _____ Personal: ____ Business: ____ | 9. Total \$ _____ |
| 10. Income taxes: Federal, State, City, Social Security and Medicare | 10. Total \$ _____ |
| 11. Miscellaneous: union and organization dues, loan payments, unreimbursed business expenses | 11. Total \$ _____ |
| 12. Other: please list | 12. Total \$ _____ |
| 1. _____ \$ _____ | |
| 2. _____ \$ _____ | |
| 3. _____ \$ _____ | |
| 4. _____ \$ _____ | |

TOTAL EXPENSES: \$ _____