

# MONTANAX CHILD SUPPORT GUIDELINES: WORKSHEET A (Page One)

<b>CAUSE/CASE NO:</b>					<b>CALCULATION INCLUDES:</b> <input type="checkbox"/> Worksheet A or <input type="checkbox"/> A&B					
<b>MOTHER:</b>					<b>FATHER:</b>					
<b>CHILDRENX:</b>	<b>CHILD 01</b>	<b>CHILD 02</b>	<b>CHILD 03</b>	<b>CHILD 04</b>	<b>CHILD 05</b>	<b>CHILD 06</b>	<b>CHILD 07</b>	<b>CHILD 08</b>		
Enter year of birth for each child of this calculation →										
<b>1</b>	<b>INCOME</b>			<b>MOTHER</b>		<b>FATHER</b>	<b>PARENT TOTALS</b>		<b>1</b>	
1a	Wages, salaries, commissions						<b>REMEMBER: ALL ENTRIES ARE ANNUAL</b>		1a	
1b	Self-Employment net earnings								1b	
1c	Pensions, Social Security								1c	
1d	Unearned Income								1d	
1e	Imputed income								1e	
1f	Earned Income Tax Credit (EITC)						<b>TOTAL INCOME</b>		1f	
1g	Other taxable income (specify): _____						<b>Mother</b>	<b>Father</b>	1g	
1h	Other non-taxable income (specify): _____								1h	
1i	<b>TOTAL INCOME</b> (Add 1a through 1h)								1i	
<b>2</b>	<b>ALLOWABLE DEDUCTIONS</b>								<b>2</b>	
2a	Ordered child support for other children								2a	
2b	Allowance for other children from Table 2								2b	
2c	Ordered alimony/spousal support								2c	
2d	Ordered health insurance premium for other children								2d	
2e	Federal income tax								2e	
2f	State income tax								2f	
2g	Social Security (FICA plus Medicare)								2g	
2h	Mandatory retirement contributions								2h	
2i	Required employment expense						<b>INCOME AFTER DEDUCTIONS</b>		2i	
2j	Dependent care expense for other children, less dependent care tax credit								2j	
2k	Other (specify): _____						<b>Mother</b>	<b>Father</b>	2k	
2l	<b>TOTAL ALLOWABLE DEDUCTIONS</b> (Add 2a through 2k)								2l	
<b>3</b>	<b>INCOME AFTER DEDUCTIONS</b> (Line 1i minus 2l)								<b>3</b>	
	<b>PARENTS' PERCENTAGES and PRIMARY CHILD SUPPORT ALLOWANCE</b>			<b>MOTHER</b>	<b>CHILD</b>	<b>FATHER</b>				
<b>4</b>	Personal allowance from Table 1								<b>4</b>	
<b>5</b>	Income available for child support (line 3 minus line 4; if less than zero, enter zero)								<b>5</b>	
<b>6</b>	If line 5 = zero, enter minimum contribution from Worksheet C. If line 5 > 0, multiply line 3 by 12% (.12) and enter here.						<b>PERCENTAGE OF INCOME</b>		<b>6</b>	
<b>7</b>	Compare each parent's lines 5 & 6; enter higher number						<b>Mother</b>	<b>Father</b>	<b>7</b>	
<b>8</b>	Combined income available (add both columns, line 7)								<b>8</b>	
<b>9</b>	Parental share of combined income (line 7 ÷ line 8)								<b>9</b>	
<b>10</b>	Number of children listed above due support								<b>10</b>	
<b>11</b>	Primary child support allowance from Table 2								<b>11</b>	
<b>12</b>	Supplement to primary allowance for children of calculation: combine <b>annual</b> expenses of Mother, Father, and third party custodian, if any.								<b>12</b>	
12a	Child care cost less dependent care tax credit								12a	
12b	Child health insurance premium								12b	
12c	Unreimbursed medical expense (> \$250/child)								12c	
12d	Other (specify) _____								12d	
12e	Total supplement (add lines 12a through 12d)								12e	
<b>13</b>	Total primary allowance and supplement (add lines 11 and 12e)								<b>13</b>	

MONTANA CHILD SUPPORT GUIDELINES: WORKSHEET A (page two)									
SOLA AND PARENT'S ANNUAL CHILD SUPPORT				MOTHER	FATHER	PARENT TOTALS			
14	For each parent, if line 6 > line 5, skip to line 21 and enter line 6 amount. If line 6 < line 5, go to line 15						REMEMBER: ALL ENTRIES ARE ANNUAL	14	
15	Parent's share of total (for each column, line 13 x line 9)							15	
16	Compare line 15 to line 5; enter lower amount here							16	
17	Income available for SOLA (line 5 minus line 16; if zero, enter zero and skip to line 21)							17	
18	Adjustments to income available for SOLA							18	
18a	Long distance parenting adjustment (Worksheet D)							18a	
18b	Other (specify) _____							18b	
19	Adjusted income for SOLA [line 17 minus (18a + 18b)]							19	
20	SOLA amount (Worksheet E)							20	
21	Add line 16 and line 20							21	
22	Gross Annual Child Support (for each parent, compare line 21 to line 6; enter the higher amount)					TOTAL ANNUAL CHILD SUPPORT (Line 24)		22	
23	Credit for payment of expenses (enter amount of line 12 expenses paid by each parent)					Mother	Father	23	
24	Total Annual Child Support (line 22 minus line 23; if less than zero, enter zero)							24	
PARENTING DAYS AND ANNUAL CHILD SUPPORT									
25	Enter annual number of days each child spends with each parent in Table 25-A, below. Divide Mother's line 24 by line 10 and enter the same amount for each child in Mother's column of Table 25-B. Do the same for Father in his column. Total the parent's columns in Table 25-B.							25	
Table 25-A: PARENTING DAYS PER YEAR				Table 25-B: CHILD SUPPORT/YEAR			Rounding: For amounts ending in \$0.49 or less, round down to the nearest whole dollar; ending in \$0.50 or more, round up to next whole dollar.		
	Mother+	Father =	365 days	Mother	Father	Child			
Child 01						Child 01			
Child 02						Child 02			
Child 03						Child 03			
Child 04						Child 04			
Child 05						Child 05			
Child 06						Child 06			
Child 07						Child 07			
Child 08						Child 08			
						TOTAL			
CHILD SUPPORT PER CHILD				ANNUAL			MONTHLY		
26	QUESTION: Do all children on line 10 reside primarily with the same parent and do not spend more than 110 days per year with the other parent?			Table 26-A: ANNUAL CHILD SUPPORT PER CHILD			Table 26-B: MONTHLY SUPPORT PER CHILD		
				Mother	Father	Child	Mother	Father	
	IF THE ANSWER IS "YES": Divide each child's ANNUAL support from Table 25-B, by 12, round per instructions and enter each child's amount for each parent into MONTHLY Table 26-B at far right. Total columns and enter total for non-residential parent at line 27.  IF THE ANSWER IS "NO": Complete Worksheet B, Parts 1 and 2; follow instructions for entering results into ANNUAL Table 26-A, at right. Divide each amount in Table 26-A by 12, round according to instructions, and enter in MONTHLY column of Table 26-B, at far right. Total all columns. From Table 26-B, subtract the lower total from the higher total and enter the difference at line 27 in the column of the parent with the higher total.					Child 01			
						Child 02			
						Child 03			
						Child 04			
						Child 05			
						Child 06			
						Child 07			
						Child 08			
						Child			
				WORKSHEET PREPARED BY: _____					
				DATE: _____					
27	FINAL MONTHLY TRANSFER PAYMENT						CHILD SUPPORT/MO.		
	The amount shown at right is the final MONTHLY TRANSFER PAYMENT for the children of this calculation. It is owed by the parent in whose column it is entered.						Mother	Father	