#### MONTANAX CHILD SUPPORT GUIDELINES: WORKSHEET A (Page One) CAUSE/CASE NO: **CALCULATION INCLUDES:** □ Worksheet A or □ A&B MOTHER: **FATHER: CHILDRENX:** CHILD 01 CHILD 02 CHILD 03 CHILD 04 CHILD 05 CHILD 06 CHILD 07 CHILD 08 Enter year of birth for each child of this calculation -**INCOME MOTHER FATHER PARENT TOTALS** 1 1 1a Wages, salaries, commissions 1a 1b Self-Employment net earnings **REMEMBER:** 1b **ALL ENTRIES** 1c Pensions, Social Security 1c **ARE ANNUAL** 1d **Unearned Income** 1d Imputed income 1e 1e Earned Income Tax Credit (EITC) **TOTAL INCOME** 1f 1f 1g Other taxable income (specify): Mother **Father** 1g 1h Other non-taxable income (specify(): 1h 1i TOTAL INCOME (Add 1a through 1h) 1i 2 **ALLOWABLE DEDUCTIONS** 2 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 **INCOME AFTER** 2i **DEDUCTIONS** 2i Dependent care expense for other children, less 2i dependent care tax credit 2k Other (specify): Mother **Father** 2k 21 TOTAL ALLOWABLE DEDUCTIONS (Add 2a through 2k) 21 3 **INCOME AFTER DEDUCTIONS** (Line 1i minus 2l) 3 PARENTS' PERCENTAGES and PRIMARY CHILD SUPPORT ALLOWANCE **MOTHER CHILD FATHER** 4 Personal allowance from Table 1 4 Income available for child support (line 3 minus line 4; 5 less than zero, enter zero) 5 If line 5 = zero, enter minimum contribution from Worksheet C. If line 5 > 0, multiply line 3 by 12% (.12) and PERCENTAGE OF 6 enter here. 6 **INCOME** 7 7 Compare each parent's lines 5 & 6; enter higher number Mother **Father** 8 Combined income available (add both columns, line 7) 8 Parental share of combined income (line 7 ÷ line 8) 9 9 10 Number of children listed above due support 10 11 Primary child support allowance from Table 2 11 Supplement to primary allowance for children of calculation: combine annual expenses of Mother, 12 Father, and third party custodian, if any. 12 Child care cost less dependent care tax credit 12a 12a 12b Child health insurance premium 12b Unreimbursed medical expense (> \$250/child) 12c 12c 12d Other (specify) 12d Total supplement (add lines 12a through 12d) 12e 12e Total primary allowance and supplement (add lines 11 13 and 12e) 13

	MONTANA CHILD SUPPORT GUIDELINES: WORKSHEET A (page two)  SOLA AND PARENT'S ANNUAL CHILD SUPPORT MOTHER FATHER PARENT TOTALS										
					_	MOTHER		FATHER	PARENT	TOTALS	
	For each pare	•									
14	enter line 6 a			_							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 Income available for SOLA (line 5 minus line 16; <b>if zero</b> ,									16	
			•	us line 16; <b>if</b>	zero,					MBER:	
17	enter zero ar								ALL ENTRIES ARE ANNUAL		17
18	Adjustments to income available for SOLA							ARE A	NNUAL	18	
18a	Long distance parenting adjustment (Worksheet D)						_				18a
18b	Other (specif						_				18b
19	Adjusted inco			inus (18a + 1	8b)]						19
20	SOLA amoun	•	et E)				_	_			20
21	Add line 16 a						_				21
	Gross Annua		-	-	npare						
22	line 21 to line						_		_	NUAL CHILD	22
	Credit for pay		•	r amount of	line 12					(Line 24)	
23	expenses pai						_		Mother	Father	23
2.4	Total Annual		<b>ort</b> (line 22 n	ninus line 23	; if less						24
24	than zero, en	•	ADENTING	DAVE AND A	NINII AI C	HILD SUPPOR	) PT				24
	Fotos consul							Divide			
	Enter annual Mother's line		-	•		-					
25	Table 25-B.	•									25
25			ING DAYS PE		. TOTALLI		: CHILD SUP				25
	Table 25-	Mother+	Father =	365 days		Mother	Father	Child	1		
	Child 01	Mother	ratilei -	303 uays		Wiother	ratilei	Child 01	Rounding:	For	
	Child 01							Child 01	_		
									amounts en \$0.49 or les	_	
	Child 03							Child 03	down to the	•	
	Child 04							Child 04	whole dolla		
	Child 05							Child 05	\$0.50 or mo	_	
	Child 06							Child 06	-	vhole dollar.	
	Child 07							Child 07	up to next v	viiole dollar.	
	Child 08							Child 08			
								TOTAL			
			RT PER CHIL			ANNUAL			ITHLY	4	
	QUESTION:			•	•		le 26-A: ANN		Table 26-B: MONTHLY SUPPORT PER CHILD		
26	with the sam	•		nd more tha	n 110		SUPPORT PE				26
20	days per year					Mother	Father	<b>∢</b> Child <b>▶</b>	Mother	Father	26
	IF THE ANSW							Child 01			4
	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					Child 02			4		
						Child 03			4		
						Child 04					
						Child 05					
			•		-			Child 06			4
	1 and 2; follo			_				Child 07			4
	ANNUAL Tab		_					Child 08			4
	Table 26-A by	-	_				<u>_</u>	<b>◆TOTAL</b>			
	enter in <b>MONTHLY</b> column of <b>Table 26-B</b> , at far right.  Total all columns. From <b>Table 26-B</b> , subtract the lower				WORKSHEE						
	Total all columns. From <b>Table 26-B</b> , subtract the lower total from the higher total and enter the difference at										
	FINAL MONTHLY TRANSFER PAYMENT						CHILD SUPP		l		
27	The amount shown at right is the final <b>MONTHLY TRANSFER PAYMENT</b> for the children of this					en of this	Mother	Father	27		
	calculation. I	_						. •			
	\$ \$						<u> </u>				

# MONTANA CHILD SUPPORT GUIDELINES: WORKSHEET B, PART 1

INSTRUCTIONS: Complete Worksheet B (WS-B), Part 1, below, only if sent here from Worksheet A (WS-A), line 26.

USE THIS FORM ONLY for parenting arrangements in which: (1) at least one child resides > 110 days per year with each parent; AND/OR, (2) one or more children reside primarily with one parent while one or more children reside primarily with the other parent. If there are more than four (4) children in the calculation, use additional pages of Worksheet B, Part I, entering each child into a separate column. Continue labeling the additional children as Child 05, Child 06, etc. and maintain totals for all children from all Worksheets B, Part I in TOTALS column at far right, on sheet that includes Child 01.

мо	THER:	CHILDREN				TOTALS	
FAT	HER:	Child 01	Child 02	Child 03	Child 04	(or Parents)	
1	Enter an "X" for each child from Worksheet A						1
	Divide line 11, WS-A by number of children on line						
2	1, above. Enter the same amount for each child.						2
	Enter the supplemental needs shown on WS-A,						
	lines 12a, 12b, 12c, and 12d, broken out by child.						
3	Total for all children must match WS-A, line 12e.						3
4	Total needs of each child; line 2 plus line 3						4
5	Add all columns of line 4; enter in Totals column						5
6	For each child (column), divide line 4 by line 5						6
	MOTHER'S	<b>DIVISION OF</b>	OBLIGATION				
7	Enter Mother's gross support from WS-A, line 22						7
8	Enter amount from Mother's WS-A, line 20						8
9	Subtract line 8 from line 7						9
10	Multiply line 6 by line 9 for each child						10
11	Enter amount from Mother's WS-A, line 20						11
12	Divide line 11 by total children on line 1 (all sheets)						12
13	Add line 10 and line 12						13
	Enter credit for payment of expenses for each child.						
14	Total must match WS-A, line 23 for Mother.						14
	Mother's support for each child: line 13 minus line						
	14 for each child; enter here and on WS-B, Part 2,						
	line 1 of Mother's column. If < 0, enter as negative						
15	number.						15
		DIVISION OF (	DBLIGATION			_	
16	Enter Father's gross obligation from WS-A, line 22						16
17	Enter amount from Father's WS-A, line 20						17
18	Subtract line 17 from line 16						18
19	Multiply line 6 by line 18 for each child						19
20	Enter amount from Father's WS-A, line 20						20
21	Divide line 20 by total children on line 1 (all sheets)						21
22	Add line 19 and line 21						22
	Enter credit for payment of expenses for each child.						
23	Total must match WS-A, line 23 for Father.						23
	Father's support for each child: line 22 minus line						
	23 for each child; enter here and on WS-B, Part 2,						
	line 1 of Father's column. If < 0, enter as negative						
24	number.						24

# MONTANA CHILD SUPPORT GUIDELINES: WORKSHEET B, PART 2

INSTRUCTIONS: USE THIS FORM ONLY if you were required to complete Worksheet B, Part 1. Complete one section of Part 2 for each child included in Worksheet A. (Two sections of Part 2 per page, below)

				1
	CHILD 01	MOTHER	FATHER	
		IVIOTHER	FAIRER	
	Enter each parent's obligation for this child from Worksheet B, Part 1, line 15 for Mother			
1	and line 24 for Father			1
2	Enter number of days* this child spends with each parent during the year			2
	If line 2 is greater than 110 for both parents, skip to line 5. If not, enter the obligation from			
	line 1 of the parent with the least number of days. Leave the other parent's line blank. Go			
3	to line 12.			3
4	Standard annual parenting days	110	110	4
5	Subtract line 4 from line 2			5
6	Credit factor	0.0069	0.0069	6
7	Multiply line 6 by line 5.			7
8	Multiply line 7 by line 1 and round according to instructions on Worksheet A, page 2.			8
9	Subtract line 8 from line 1			9
	Determine the difference between line 9 for Mother and line 9 for Father; enter in the			
10	column of the parent with the higher obligation			10
11	If entry on line 10, compare to entry on line 1; enter smaller amount here.			11
	Enter amount from line 3 or line 11, here, and in the same parent's column of Table 26-A,			
12	Worksheet A, page 2, for this child.			12

<sup>\*</sup>See definition of a "day", below, [ARM 37.62.124(3) Parenting Days].

A "day" is defined as the majority of a 24-hour calendar period in which the child is with or under the control of a parent. This assumes there is a correlation between time spent and resources expended for the care of the child. For purposes of this chapter, and unless otherwise agreed by the parents or specifically found by the court, the calendar period begins at midnight of the first day and ends at midnight of the second day. When the child is in the temporary care of a third party, such as in school or a day care facility, the parent who is the primary contact for the third party is the parent who has control of the child for the period of third-party care. If both parents are primary contacts for a third party, or, if the parents are otherwise unable to agree on the total number of days for each parent, the number of disputed days may be totaled and divided equally between the parents.

	CHILD 02	MOTHER	FATHER	
1	Enter each parent's obligation for this child from Worksheet B, Part 1, line 15 for Mother and line 24 for Father			1
2	Enter number of days* this child spends with each parent during the year			2
	If line 2 is greater than 110 for both parents, skip to line 5. If not, enter the obligation from line 1 of the parent with the least number of days. Leave the other parent's line blank. Go			
3	to line 12.			3
4	Standard annual parenting days	110	110	4
5	Subtract line 4 from line 2			5
6	Credit factor	0.0069	0.0069	6
7	Multiply line 6 by line 5.			7
8	Multiply line 7 by line 1 and round according to instructions on Worksheet A, page 2.			8
9	Subtract line 8 from line 1			9
	Determine the difference between line 9 for Mother and line 9 for Father; enter in the			
10	column of the parent with the higher obligation			10
11	If entry on line 10, compare to entry on line 1; enter smaller amount here.			11
12	Enter amount from line 3 or line 11, here and in the same parent's column of Table 26-A, Worksheet A, page 2, for this child.			12

<sup>\*</sup>See definition of a "day", above, [ARM 37.62.124(3) Parenting Days].

### **MONTANA CHILD SUPPORT GUIDELINES**

#### WORKSHEET C: MINIMUM SUPPORT OBLIGATION

Complete this worksheet only if a parent is sent here from line 6, worksheet A.

	Find the Income Ratio (II	R): Divide line 3. worksheet A.	by line 4. worksheet A.	. =	(IR)
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If the IR is in the range		Multiply line 3, WS-A, by	For the Minimum Support Obligation
Over .00 but not over .25		.00 x line 3	-0-
.25	.31	.01 x line 3	=
.31	.38	.02 x line 3	=
.38	.45	.03 x line 3	=
.45	.52	.04 x line 3	=
.52	.59	.05 x line 3	=
.59	.66	.06 x line 3	=
.66	.73	.07 x line 3	=
.73	.80	.08 x line 3	=
.80	.87	.09 x line 3	=
.87	.94	.10 x line 3	=
.94	1.00	.11 x line 3	=

Enter the Minimum Support Obligation (from column 3, above) on line 6, worksheet A

### WORKSHEET D: LONG DISTANCE PARENTING ADJUSTMENT

Complete this worksheet for a parent who has transportation expense for parenting time and an entry at line 18, worksheet A.

1.	Annual mileage actually driven by the parent to exercise long-distance parenting	
2.	Current IRS business mileage rate (from Table 3)	
3.	Parent's mileage cost (line 1 times line 2)	
4.	Parent's annual cost of transportation by means other than automobile	
5.	Parent's total cost (line 3 plus line 4)	
6.	Standard expense (from Table 3)	
7.	LONG DISTANCE PARENTING ADJUSTMENT (Line 5 minus line 6; if less than zero,	
	enter zero. Enter this amount on line 18a, worksheet A)	\$

## WORKSHEET E: STANDARD OF LIVING ADJUSTMENT (SOLA)

Complete this worksheet for each parent who has an entry on line 19, worksheet A.

Number of	Adjusted Income Available for		
Children	SOLA (line 19, WS-A)	SOLA Factor	SOLA Amount
1	\$	X .14	=
2	\$	X .21	=
3	\$	X .27	=
4	\$	X .31	=
5	\$	X .35	=
6	\$	X .39	=
7	\$	X .43	=
8 or more	\$	X .47	=

Enter the SOLA amount from column 3, above, on line 20, worksheet A.