# In the Court of Common Pleas of County, Pennsylvania

## Phone: Fax:

vs.

Plaintiff

Defendant

) Docket Number:

)

) PACSES Case Number:

)

) Other State ID Number:

**Please note: All correspondence must include the PACSES Case Number.**

# Income Statement

THIS FORM MUST BE FILLED OUT AND YOU MUST PROVIDE DOCUMENTS TO SUPPORT ALL AMOUNTS PROVIDED IN THIS INCOME STATEMENT

(If you are self-employed or if you are salaried by a business of which you are owner in whole or in part, you must also fill out the Supplemental Income Statement which appears below.)

INCOME STATEMENT OF

(Name) (PACSES Number)

I verify that the statements made in this Income Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date:

Plaintiff or Defendant

INCOME

Employer:

Address:

Type of Work:

Payroll Number:

Pay Period (weekly, biweekly, etc): Gross Pay per Pay Period $ Itemized Payroll Deductions: Federal Withholding $ FICA

Local Wage Tax State Income Tax

Mandatory Retirement Union Dues

Health Insurance Other (specify)

Net Pay per Pay Period: $

Income Statement (Continued) PACSES Case Number:

Other Income:

Week Month Year (Fill in Appropriate Column)

Interest $ $ $ Dividends

Pension Distributions Annuity

Social Security Rents Royalties

Unemployment Comp. Workers Comp.

Employer Fringe Benefits Other

$ $

TOTAL INCOME $

PROPERTY OWNED

Checking accounts Savings accounts Credit Union Stocks/bonds

Real Estate Other

Ownership\*

Description Value H W J

$

Total $

INSURANCE

Hospital

Blue Cross Other

Medical

Blue Shield Other

Health/Accident Disability Income Dental

Other

Company

Policy No.

Coverage\*

H W C

\*H=Husband; W=Wife; J=Joint; C=Child

Income Statement (Continued)

PACSES Case Number:

SUPPLEMENTAL INCOME STATEMENT (You only need to complete the below portion if you are self- employed or if you are salaried by a business of which you are owner in whole or in part)

1. This form is to be filled out by a person (check one):
   1. who operates a business or practices a profession, or
   2. who is a member of a partnership or joint venture, or
   3. who is a shareholder in and is salaried by a closed corporation or similar entity.
2. Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, profession, corporation or similar entity:
   1. the most recent Federal Income Tax Return, and
   2. the most recent Profit and Loss Statement.
3. Name of business:

Address and telephone number:

1. Nature of business (check one)
   1. partnership
   2. joint venture
   3. profession
   4. closed corporation
   5. other
2. Name of accountant, controller or other person in charge of financial records:
3. Annual income from business:
   1. How often is income received?
   2. Gross income per pay period:
   3. Net income per pay period:
   4. Specific deductions, if any:

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# Guidelines Expense Statement

EXPENSE STATEMENT OF

(Name) (Pacses Number)

I verify that the statements made in this Expense Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relating to unsworn falsification to authorities.

Date:

Plaintiff or Defendant

**Instructions:** Guidelines Expense Statement - This form should only be completed when:

1. You are requesting an adjustment to the amount of support pursuant to Rule 1910.16-5 because of unusual needs and unusual fixed obligations, other support obligations, medical expenses not covered by insurance, or any other relevant factors, or
2. You are requesting that the other party share in the following expenses pursuant to Rule 1910.16-6: child care expenses, health insurance premiums, unreimbursed medical expenses, private school tuition, summer camp, or other needs, or mortgage payment.

You must provide documents to support all amounts provided in this Expense Statement

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekly | Monthly | Yearly |
|  | (Fill in Appropriate Column) | | |
| Mortgage (including real estate taxes and homeowner's insurance) or Rent | $ | $ | $ |
| Health Insurance Premiums |  |  |  |
| Unreimbursed Medical Expenses: |  |  |  |
| Doctor |  |  |  |
| Dentist |  |  |  |
| Orthodontist |  |  |  |
| Hospital |  |  |  |
| Medicine |  |  |  |
| Special Needs (glasses,  braces, orthopedic devices, therapy) |  |  |  |

Guidelines Expense Statement (Continued) PACSES Case Number:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Weekly | Monthly | Yearly |
| Child Care |  |  |  |
| Private School |  |  |  |
| Parochial school |  |  |  |
| Loans/Debts |  |  |  |
| Support of Other Dependents: |  |  |  |
| Other child support |  |  |  |
| Alimony payments |  |  |  |
| Other: (Specify) |  |  |  |
|  |  |  |  |
| Total | $ | $ | $ |