OHIO SPLIT PARENTING CHILD SUPPORT COMPUTATION WORKSHEET

Pare	nt A Name		Parent B Name		Date this form is	s completed				
	testerA			testerB	05/18/2020					
Count	ty Name	SETS Case Number		Court or Administrative Order Number	Number of Children of the Order					
	Ashland	12452 32155			2					
I. G	ROSS INCOME	Parent A Computed Income Facts		Parent B Computed Income Facts	Parent A	Parent B				
1.	Annual Gross Income	1,245.00 twic		1,254.00/month	29,880.00	15,048.00				
	Annual amount of overtime									
	a. Year 3 (Three years ago	2.00	3.00							
	b. Year 2 (Two years ago -	4.00	5.00							
2.	c. Year 1 (Last calendar ye	6.00	7.00							
	`	onuses, and commis	ssions (Enter the	e lower of the average of Line 2a	4.00	5.00				
	Calculation for Self-Emplo					0.00				
	a. Gross receipts from bus				8.00	9.00				
3.	b. Ordinary and necessary				124.00	525.00				
٥.		income or actual mar	ginal difference	between actual rate paid and	Calculated	Actual				
	F.I.C.A rate				0.00	121.00				
	,			a minus Line 3b minus Line 3c)	-116.00	-637.00				
4.	Annual income from unem Annual income from works			on or coolal coourity	142.00	124.00				
5.	disability/retirement benefi	e, or social security	121.00	141.00						
6.	Other annual income or po		171.00	181.00						
7.	Total annual gross income									
	enter "0")	30,202.00	14,862.00							
	Health insurance maximur	1,510.10	743.10							
II. A	II. ADJUSTMENTS TO INCOME									
	Adjustment for Other Minor Children Not of This Order. (Note: Line 9 is only completed if either parent has any children outside of this order enter "0" on Line 9f and proceed to Line 10. For each parent:									
	a. Enter the total number of									
	b. Enter the number of chil									
9.	c. Line 9a minus Line 9b									
	d. Using the Basic Child S for each parent's total a									
	e. Divide the amount on Li									
	f. Multiply the amount from other minor children for	0.00	0.00							
	Adjustment for Out-of-Poc		Premiums		_					
10.	a. Identify the health insura	×	\boxtimes							
	b. Enter the total out-of-po Line 10a.	111.00	112.00							
11.	Annual court ordered spou	113.00	114.00							
12.	Total adjustments to incom	224.00	226.00							
13.	Adjusted annual gross incenter "0")	29,978.00	14,636.00							
III. I	NCOME SHARES				Parent A	Parent B				
14.	20,010.00									
15.	check the box for Line 15			or the children of this order,	\boxtimes	X				
16.	Combined adjusted annua	44,614.00								
17.	•	• •	me to combined	annual adjusted gross income	67.19 %	32.81 %				
@ 2020	First Draft Data, LLC. All Rights Reserv	od V 2020 1				Page 1 of 3				

Courty Name Ashland SETS Case Number 12452 32155	Parent A Name Parent B Name							Date thi	Date this form is completed					
IV. SUPPORT CALCULATION	testerA testerB							05/18/2020						
Basic Child Support Obligation Number of children with Parent 8: 1 Parent A Custodial Parent B Custodial									Number			er		
Basic Child Support Obligation Number of children with Parent A: 1 Number of children with Parent B: 1 Parent A Custodial Parent B Custodial a. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for learth, parent B custodial parent. If either parents in the 14 amount is less than lowes income amount on the Basic Child Support Schedule, enter the amount from the corresponding cell for the parents. If user the parents is less than lowes income amount on the Basic Schedule, enter 1960' c. Multiply the amount in Line 150 amount is less than lowest income amount on the Basic Schedule, enter 960' d. Ernet the lower of Line 150 or Line 150 for each parent, if less than 1960'; enter 1960' parents. If Line 150 amount is less than lowest income amount on the Basic Schedule, enter 1960' d. Ernet the lower of Line 150 or Line 150 for each parent, if less than 1960'; enter 1960' parents. If Line 150 amount is less than lowest income amount on the Basic Schedule, enter 1960' parents. If Line 150 amount is less than lowest income amount on the Basic Schedule, enter 1960' parents. If Line 150 amount is line 150 or each parent, if less than 1960'; enter 1960' parents. If Line 150 amount is line 150 or each parent, if less than 1960'; enter 1960' parents. If Line 150 amount is line 150 or each parent is less than 1960'; enter 1960' parents. If Line 150 amount is line 150 or each parent, if less than 1960'; enter 1960' parents. If Line 150 amount is line 150 or each parent is less than 1960'; enter 1960' parents. If Line 150 amount is line 150 or each parent is less than 1960'; enter 1960' parents. Acustodial Parent B Custodial 1960' parents. Acustodial Parent B C													2	
Number of children with Parent B: 1	IV.													
a. Using the Basic Child Support Schedule, enter the amount from the corresponding cell fact parter. It either paiers the 14 amount is less than lowest income amount on the Basic parter. It either paiers the 14 amount is less than lowest income amount on the Basic parter. It let either paiers the 14 amount is less than lowest income amount on the Basic parter. It little 15 amount is less than lowest income amount on the Basic Schedule, enter the amount from the corresponding cell for the parter. It little 15 amount is less than lowest income amount on the Basic Schedule, enter 1900. 2. Multiply the amount in Line 180 by Line 17 for each parent, if less than 1960; enter 1900. 2. Multiply the amount in Line 180 by Line 17 for each parent and enter the amount should be controlled the parent of the parent and enter the amount. If Line 180 by Line 17 for each parent, if less than 1960; enter 1900. 3. Enter 1900 of the 180 by Line 17 for each parent, if less than 1960; enter 1960. 4. Enter 1900 of the 180 by Line 17 for each parent for Line 180 and multiply it by 10% of the 180 by Line 119 as be labely enter 10°. 4. Enter 290 of Line 180 by Line 119 as be lable where 10°. 4. Enter 290 of Line 180 by Line 119 as be lable where 10°. 5. Child Care Expenses 4. Annual child care expenses for children with each parent (Less any subsidies) 5. Child 290 of Line 180 by		Basic Child Su	ipport Oblig	gation										
2. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each parents. If either parents such a far gross income on Line 14 for the number of children with each parent. If either parents such a famount is less than lowest income amount on the Basic parent. If either parents is used to a mount is less than lowest income amount on the Basic parent. If Line 14 and parent a gross income on Line 15 for the number of children with each parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and smount is less than lowest income amount on the Basic parent. If Line 16 and lower parent is less than lowest income amount on the Basic parent. If Line 16 and lower parent is less than lowest income amount on the Basic parent. If Line 16 and lower parent is less than lowest income amount on the Basic parent. If Line 16 and lower parent is less than lowest income amount on the Basic parent. If Line 16 and lower parent is less than lowest income amount on the Basic parent in line 2 parent Basic parent from Line 18 and lower parent in less than '900', enter 1960'. 2. Line 16 Line 17 Line 18 Line 17 Line 18 Line		Number of chil	dren with F	Parent A:	1	Num	ber of chi	<u>ldren with</u>	Parent B:	1		_		
aeach parent's adjusted gross income on Line 14 for the number of children with each parent. If either parent's Line 14 amount is less than lowest income amount on the Basic Schedule, enter '950' Schedule, enter '950' Line parent's Combined amound gross income on Line 16 for the number of children with each parent. If Line 16 amount is less than lowest income amount on the Basic Schedule, enter '950' E. Multiply the amount in Line 18b by Line 17 for each parent and enter the amount on the Basic Schedule, enter '950' E. Multiply the amount in Line 18b by Line 17 for each parent, if less than '960', enter '950' E. Multiply the amount in Line 18b by Line 17 for each parent, if less than '960', enter '950' E. Multiply the amount in Line 18b by Line 17 for each parent, if less than '960', enter '950' E. Multiply the amount in Line 18b by Line 17 for each parent, if less than '960', enter '950' Parenting Time Order a. Enter '970' enter '950' any parent for whom a court has issued or is issuing a parenting time order '950' Parenting Time Order '950' enter		a Heiner the Desig Child Compant Calculus antiquity and the case of Company Calculus										Parent B	Parent A	Parent B
18. Schedule, enter '960" 19. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for the parents: combined annual gioss income on Line 16 for the number of children with each parent. It line 16 amounts is test han lowest income amount on the Basic 2. Multiply the amount in Line 18b by Line 17 for each parent and enter the amount 2. Multiply the amount in Line 18b by Line 17 for each parent and enter the amount 3. Enter 'yes' for any parent for whom a court has issued or is issuing a parenting time order that equals or excéeds ninety overnights per year 19. If Line 18a is checked use the amount. If Line 19a is blank enter '0' 20. Derivative Benefit (Child's benefit on behalf of aparent) 21. If Line 18a is checked use the amount in or that parent from Line 18d and multiply it by 127.18 22. Derivative Benefit (Child's benefit on behalf of aparent) 23. Annual child care expenses for children with each parent (Less any subsidies) 24. Parent A Custodial Parent B Custodial 25. Parent A Custodial Parent B Custodial 26. Child care expenses for children with each parent (Less any subsidies) 27. Enter any non-means-tested benefits received by a child(ren) subject to the order. 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less any subsidies) 28. Annual child care expenses for children with each parent (Less		each parent's adjusted gross income on Line 14 for the number of children with each												
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each parent. If Line 16 amount is less than lowest income amount on the Basic Schedule, enter 1960 c. Multiply the amount in Line 18b by Line 17 for each parent and enter the amount of Enter 1960 c. Multiply the amount in Line 18b c for each parent, if less than 1960°, enter 1960° d. 4,895.40, 1,271.80 c. Multiply the amount in Line 18b c for each parent, if less than 1960°, enter 1960° d. 4,895.40, 1,271.80 c. Multiply the mount in Line 18b c for each parent fires than 1960°, enter 1960° d. 4,895.40, 1,271.80 c. Multiply in Line 1981 is checked use the amount for that parent from Line 18d and multiply it by 10 for 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter this amount. If Line 1981 is blank enter 10° d. 10% or 1,0 and enter 10° d. 10% or		b. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for									<u>r</u>			
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h. Actual Parent A Parent B Pa														
Ill.00 I	21.	g. Max	7,290	0.00	7,2	290.00								
i. Lowest		h. Actual			1		Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B
Apportioned Parent A Parent B Parent A Parent Pa		i Lowest												
i. Enter total of Line 21e apportioned for children with Parent A k. Enter total of Line 21i apportioned for children with Parent B Federal child care credit percentage (see IRS Pub 503) Federal child care credit (see IRS Pub 503) Ohio child care credit percentage (see Ohio Instructions PIT-IT1040) Ohio child care credit (see Ohio Instructions PIT-IT1040) I. Enter the eligible federal and state tax credits II. Enter the eligible federal and state tax credits III. Enter the eligible federal enter the el							Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B
k. Enter total of Line 21i apportioned for children with Parent B Federal child care credit percentage (see IRS Pub 503) Federal child care credit (see IRS Pub 503) Federal child care credit (see IRS Pub 503) Ohio child care credit (see IRS Pub 503) Ohio child care credit percentage (see Ohio Instructions PIT-IT1040) Ohio child care credit (see Ohio Instructions PIT-IT1040) I. Enter the eligible federal and state tax credits Total in Line 21j minus combined amounts of Line 21l I. Line 21k minus combined amounts of Line 21l O. Multiply Line 21m and Line 21n by Line 17 for each parent; (If Line 15 is checked for the parent, use the lower percentage amount of either Line 17 or 50.00% to determine the parent's share). Annual child care costs P. Line 21o minus Line 21a. If calculation results in a negative amount, enter "0" Adjusted Child Support Obligation (Line 18d minus Line 19b minus Line 20 plus Line 21p; if calculation results in negative amount, enter "0"). Annual child support obligation V. CASH MEDICAL Cash Medical Obligation for Children Subject to this Order a. Annual combined cash medical support obligation b. Multiply Line 23a by Line 17 for each parent. Annual cash medical obligation 22. Annual combined cash medical support obligation 127.53 261.17			111.00	112.00	113.00	114.00							_	
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Cash Medical Obligation for Children Subject to this Order a. Annual combined cash medical support obligation b. Multiply Line 23a by Line 17 for each parent. Annual cash medical obligation 127.53 261.17	V. (
23. a. Annual combined cash medical support obligation b. Multiply Line 23a by Line 17 for each parent. Annual cash medical obligation 238.70 261.17	·· `													
	23.	a. Annual com	bined cash	medical s	support	obligation						388.70		388.70

Parent A Name		Parent B Name		Date this form is completed	
testerA			testerB	05/18/2020	
County Name	SETS Case Number		Court or Administrative Order Number	Number of Children of the Order	
Ashland	1245	52	32155	2	

VI.	RECOMMENDED MONTHLY ORDERS I	PARENT A OBLIGATION	PARENT B OBLIGATION	NET SUPPORT OBLIGATION					
24.	ANNUAL CHILD SUPPORT AMOUNT (Line 22)	4,373.46	1,144.62	3,228.84					
25.	MONTHLY CHILD SUPPORT AMOUNT	269.07	,	,					
	Line 26 is ONLY completed if the court orders any dev		L9.23. 3119.231	and 3119.24 of					
	the Revised Code)	(,						
	a. For 3119.23 factors (Enter the monthly amount)								
	AB	В							
	X Special/Unusual child needs	Α	X	Significant in-kind	parental contribu	itions			
	X Other court-ordered payments	Χ			ental work-related expenses				
	X Extended parenting time/Extraordinary costs		Х	Child's standard o	f living if parents	were married			
200	X Child financial resources	Χ		Child's educationa	al opportunities				
26.	X Relative parental financial resources		Х	Parental support f	or other special n				
	X Obligee's income below federal poverty	Χ		Child post-second	ary educational e	expenses			
	X Parental remarriage/shared living expenses		Χ	Parental cost for c	ental cost for court-ordered reunification efforts				
	X Parental federal, state, local taxes paid	Χ		Extraordinary child	d care cost				
	X Other relevant factors: test test test test test								
		123.00	-142.00						
	b. For 3119.231 extended parenting time (Enter the mo								
	c. Total of amounts from Lines 26a and 26b	123.00	-142.00						
	DEVIATED MONTHLY CHILD SUPPORT AMOUNT (I	ine	25	nlus or minus Line		2 12100			
27.	26c)	392.07	-142.00						
28.	ANNUAL CASH MEDICAL AMOUNT (Line 23b)	261.17	127.53	133.64					
29.	MONTHLY CASH MEDICAL AMOUNT (Net Support C Line 28, divided by 12)	11.14	0.00						
	Line 30 is ONLY completed if the court orders a deviation	tior	to	cash medical. (See	section 3119.303	of the Revised	Code)		
30.	Cash Medical Deviation amount (Enter the monthly an	nοι	ınt)	•					
31.	DEVIATED MONTHLY CASH MEDICAL AMOUNT (Li	ne	29 p	olus or minus					
Line	/	\\/it	h a	child sunnort obliga	tion (Line 25 or L	ine 27) and the	other narent with		
a ca	Lines 32 and 33 is ONLY completed if you have one parent with a child support obligation (Line 25 or Line 27) and the other parent with a cash medical obligation (Line 29 or Line 31).								
32.	Enter amounts from Line 25 or Line 27 and Line 29 or								
33.	MONTHLY SUPPORT AMOUNT (Net Support Obliga 32)								
34.	Enter ONLY the total monthly obligation for the parent support (Line 25 or Line 27, plus Line 29 or Line 31, or	545.21							
35.	Processing Charge Amount	10.90							
36.	Total Monthly Obligation for Order (Child Support, Cash Processing Charge)	556.11							

Prepared by test doc name, counsel for Parent B.

Worksheet has been reviewed and agreed to:

testerA	Date	testerB	Date
Parent A		Parent B	