OHIO
SPLIT PARENTING CHILD SUPPORT COMPUTATION WORKSHEET

Parent A Name		Parent B Name			Date this form is completed	
tester split		test split			11/11/2019	
County Name		**SETS Case Number**		**Court or Administrative Order Number**	**Number of Children of the Order**	
Ashland		455		458	2	

I. GROSS INCOME			Parent A Computed Income		Parent B Computed Income		Parent A	Parent B
1.	Annual Gross Income	◉	1000	Bi-Monthly	○	0.00	Frequency	24000	3967.391304347826
		○	YTD Chk	Date	◉	2000	07/03/2019		
		○	Ohio Minimum Wage		○	Ohio Minimum Wage			

		Parent A	Parent B
2.	Annual amount of overtime, bonuses, and commissions		
	a. Year 3 (Three years ago - 2016)	1000.00	1000.00
	b. Year 2 (Two years ago - 2017)	1000.00	1000.00
	c. Year 1 (Last calendar year - 2018)	1000.00	1000.00
	d. Income from overtime, bonuses, and commissions (Enter the lower of the average of Line 2a plus Line 2b plus Line 2c, or Line 2c)	1000	1000
3.	Calculation for Self-Employment Income		
	a. Gross receipts from business	1000.00	1000.00
	b. Ordinary and necessary business expenses	1000.00	1000.00
	c. 6.2% of adjusted gross income or actual marginal difference between actual rate paid and F.I.C.A rate Parent A: ○ / ◉ 1000.00 Parent B: ◉ / ○	1000	0
	d. Adjusted annual gross income from self-employment (Line 3a minus Line 3b minus Line 3c)	-1000	0
4.	Annual income from unemployment compensation	1000.00	1000.00
5.	Annual income from workers' compensation, disability insurance, or social security disability/retirement benefits	1000.00	1000.00
6.	Other annual income or potential income	10000.00	1000.00
7.	Total annual gross income (Add Lines 1, 2d, 3d, 4, 5 and 6, if Line 7 results in a negative amount, enter "0")	36000	7967.39
8.	Health insurance maximum (Multiply Line 7 by 5% or .05)	1800	398.37

II. ADJUSTMENTS TO INCOME

		Parent A	Parent B
9.	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.) If neither 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 children, including children of this order and other children	1	1
	b. Enter the number of children subject to this order	1	1
	c. Line 9a minus Line 9b	0	0
	d. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each parent's total annual gross income from Line 7 for the number of children on Line 9a	6139	960
	e. Divide the amount on Line 9d by the number on Line 9a	6139	960
	f. Multiply the amount from Line 9e by the number on Line 9c. This is the adjustment amount for other minor children for each parent.	0	0
10.	a. Identify the health insurance obligor(s).	☑	☐
	b. Enter the total out-of-pocket costs for health insurance premiums for the parent(s) identified on Line 10a.	1000.00	1000.00
11.	Annual court ordered spousal support paid; if no spousal support is paid, enter "0"	1000.00	1000.00
12.	Total adjustments to income (Line 9f, plus Line 10b, plus Line 11)	2000	2000
13.	Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0")	34000	5967.39

III. INCOME SHARES		Parent A	Parent B
14.	Enter the amount from Line 13 for each parent (Adjusted annual gross income)	34000	5967.39
15.	If the parent's obligation is in the shaded area of the schedule for the children of this order, check the box for Line 15	☐	☐
16.	Combined adjusted annual gross income (Add together the amounts of Line 14 for both parents)	39967.39	
17.	Income Share: The percentage of parent's income to combined annual adjusted gross income	85.07	14.93

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IV. SUPPORT CALCULATION

18. Basic Child Support Obligation

Number of children with Parent A: 1	Number of children with Parent B: 1	Parent A Custodial		Parent B Custodial	
		Parent A	Parent B	Parent A	Parent B
a. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each 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 "960"		5818	960	5818	960
b. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for the parents' combined annual gross incomeon 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 "960"		6763.88		6763.88	
c. Multiply the amount in Line 18b by Line 17 for each parent and enter the amount		5754.03	1009.85	5754.03	1009.85
d. Enter the lower of Line 18a or Line 18c for each parent, if less than "960", enter "960"		5754.03	960	5754.03	960

19. Parenting Time Orde

	Parent A Custodial	Parent B Custodial
a. Enter "Yes" for any parent for whom a court has issued or is issuing a parenting time order that equals or exceeds ninety overnights per year	☐ Yes	☐ Yes
b. If Line 19a is checked, use the amount for that parent from Line 18d and multiply it by 10% or .10, and enter this amount. If Line 19a is blank enter "0"	0	0

20. Derivative Benefit (Child's benefit on behalf of a parent)

	Parent A Custodial	Parent B Custodial
Enter any non-means-tested benefits received by a child(ren) subject to the order.	1000.00	1000.00

21. Child Care Expenses

	Parent A Custodial		Parent B Custodial	
	Parent A	Parent B	Parent A	Parent B
a. Annual child care expenses for children with each parent (Less any subsidies)	20	20	20	20

Children with Parent A

	Child 1		Child 2		Child 3		Child 4		Child 5		Child 6	
Birth Date	06/04/2014		05/31/2017									
b. Age	2 Months		2 Months									
c. Max	11464		11464		0		0		0		0	
d. Actual	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B
	10.00	10.00	10.00	10.00	0.00	0	0	0	0	0	0	0
e. Lowest	20		20		0		0		0		0	
Apportioned	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B
	10	10	10	10	0	0	0	0	0	0	0	0

Children with Parent B

	Child 1		Child 2		Child 3		Child 4		Child 5		Child 6	
Birth Date	11/06/2019		11/06/2019									
f. Age	2 Months		2 Months									
g. Max	11464		11464		0		0		0		0	
h. Actual	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B
	10.00	10.00	10.00	10.00	0.00	0	0	0	0	0	0	0
i. Lowest	20		20		0		0		0		0	
Apportioned	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B	Parent A	Parent B
	10	10	10	10	0	0	0	0	0	0	0	0

	Parent A	Parent B	Parent A	Parent B
j. Enter total of Line 21e apportioned for children with Parent A	20	20		
k. Enter total of Line 21i apportioned for children with Parent B			20	20
Federal child care credit percentage (see IRS Pub 503)	2,500,000,0	3,500,000,0	2,500,000,0	3,500,000,0
Federal child care credit (see IRS Pub 503)	5	7	5	7
Ohio child care credit percentage (see Ohio Instructions PIT-IT1040)	2,500,000,0	10,000,000	2,500,000,0	10,000,000
Ohio child care credit (see Ohio Instructions PIT-IT1040)	5	20	5	20

l. Enter the eligible federal and state tax credits	Parent A Custodial		Parent B Custodial					
	Parent A		Parent B		Parent A		Parent B	
Calculated	◉	Calc	○	Calc	◉	Calc	◉	Calc
Override	○		◉	1000.00	○		○	

(l. values: 10 | 1000.00 | 10 | 10)

	Parent A	Parent B	Parent A	Parent B
m. Line 21j minus combined amounts of Line 21l		20		
n. Line 21k minus combined amounts of Line 21l				-970
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**	10	10	-485	-485
p. Line 21o minus Line 21a. If calculation results in a negative amount, enter "0"	0	0	0	0

22. 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

0	4754.03

V. CASH MEDICAL

23. Cash Medical Obligation for Children Subject to this Order

	Parent A	Parent B	Parent A	Parent B
a. Annual combined cash medical support obligation	388.7		388.7	
b. Multiply Line 23a by Line 17 for each parent. Annual cash medical obligation		58.03291	330.66709	

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		PARENT A OBLIGATION	PARENT B OBLIGATION	NET SUPPORT OBLIGATION
VI. RECOMMENDED MONTHLY ORDERS FOR DECREE				
24.	ANNUAL CHILD SUPPORT AMOUNT (Line 22)	4754.03	0	4754.03
25.	MONTHLY CHILD SUPPORT AMOUNT	396.169166	0	

26.	Line 26 is ONLY completed if the court orders any deviation(s) to child support. (See sections 3119.23, 3119.231 and 3119.24 of the Revised Code)					
	a. For 3119.23 factors (Enter the monthly amount)					
	☐ Special/Unusual child needs	☐	Significant in-kind parental contributions			
	☐ Other court-ordered payments	☐	Extraordinary parental work-related expenses			
	☐ Extended parenting time/Extraordinary costs	☐	Child's standard of living if parents were married			
	☐ Child financial resources	☐	Child's educational opportunities			
	☐ Relative parental financial resources	☐	Parental support for other special needs children			
	☑ Obligee's income below federal poverty	☐	Child post-secondary educational expenses			
	☐ Parental remarriage/shared living expenses	☐	Parental cost for court-ordered reunification efforts			
	☐ Parental federal, state, local taxes paid	☐	Extraordinary child care cost			
	☑ Other relevant factors: (text only if checked) Description Goes Here!					

	PARENT A		PARENT B			
Set Monthly Child Support Deviation:	◯		◉	1000.00		
Set Monthly Child Support:	◉		◯		396.169166	1000.00

b. For 3119.231 extended parenting time (Enter the monthly amount)		100.00	100.00
c. Total of amounts from Lines 26a and 26b		496.169166	1100
27.	DEVIATED MONTHLY CHILD SUPPORT AMOUNT (Line 25 plus or minus Line 26c)	892.338333	1100	
28.	ANNUAL CASH MEDICAL AMOUNT (Line 23b)	330.67	58.03	272.64
29.	MONTHLY CASH MEDICAL AMOUNT (Net Support Obligation amount from Line 28, divided by 12)	22.72	0	
30.	Line 30 is ONLY completed if the court orders a deviation to cash medical. (See section 3119.303 of the Revised Code)			
	Cash Medical Deviation amount (Enter the monthly amount)	1000.00	1000.00	
31.	DEVIATED MONTHLY CASH MEDICAL AMOUNT (Line 29 plus or minus Line 30)	1022.72	1000	

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 Line 31	1915.05833	2100	184.94166666666
33.	MONTHLY SUPPORT AMOUNT (Net Support Obligation amount from Line 32)	0	15.41	
34.	Enter ONLY the total monthly obligation for the parent ordered to pay support (Line 25 or Line 27, plus Line 29 or Line 31, or Line 33)	0	15.41	
35.	Processing Charge Amount	0	0.3082	
36.	Total Monthly Obligation for Order (Child Support, Cash Medical, and Processing Charge)	0	15.7182	

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Prepared by test doc name

Counsel for   Parent B

Worksheet has been reviewed and agreed to:

_____
test split, Parent A   Date

_____
tester split, Parent B   Date