OHIO SOLE PARENTING CHILD SUPPORT COMPUTATION WORKSHEET

County Name SETS Case Number Count or Administrative Order Number County Name	Oblig	ee Name		Obligor Name		Date this form is completed				
Greene		Cashley								
GROSS INCOME Computed Income Facts Computed Income Facts Sp320 vTD (0327170) 95,400.00/year 21,111.94 95,400.00	Count		SETS Case Number		Court or Administrative Order Number	1				
Annual Gross Income S.032.00 YTD (03/27/20) 95,400.00/year 21,111.94 95,400.00		Greene					_			
Description Computed informe Facts Computed informe Facts Section	I. G	ROSS INCOME	,	•	1	OBLIGEE	OBLIGOR			
Annual amount of overtime, bonuses, and commissions a. Year 3 (Three years ago - 2017) b. Year 2 (Two years ago - 2018) c. Year 1 (Last calendar year - 2019) d. Income from overtime, bonuses, and commissions (Enter the lower of the average of Line 2 plus Lin			•		Computed Income Facts		OBLICON			
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b. Year 2 (Two years ago - 2018) c. Vear 1 (Last calendar year - 2019) 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) c. Calculation for Self-Employment Income a. Gross receipts from business b. Ordinary and necessary business expenses c. 6. 2% of adjusted gross income or actual marginal difference between actual rate paid and Calculated F.I.C.A rate d. Adjusted annual gross income or actual marginal difference between actual rate paid and Calculated F.I.C.A rate d. Adjusted annual gross income from self-employment (Line 3a minus Line 3b minus Line 3c) d. Annual income from unemployment compensation d. Annual income from unemployment compensation d. Annual income from workers' compensation, disability insurance, or social security disability/retirement benefits d. O.00 d. Other annual income or potential income d. Other Annual income from unemployment (Line 7 to 5% or .05) 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 or on Line 94 and proceed to Line 10. D. E				missions		I				
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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. 11. Annual court ordered spousal support paid; if no spousal support is paid, enter "0" 12. Total adjustments to income (Line 9f, plus Line 10b, plus Line 11) 13. Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0") 21,111.94 22,743.00										
b. Enter the total out-of-pocket costs for health insurance premiums for the parent(s) identified on Line 10a. 1. Annual court ordered spousal support paid; if no spousal support is paid, enter "0" 1. Total adjustments to income (Line 9f, plus Line 10b, plus Line 11) 2. Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0") 2. Total adjustments to income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0")		•	П	\boxtimes						
parent(s) identified on Line 10a. 11. Annual court ordered spousal support paid; if no spousal support is paid, enter "0" 12. Total adjustments to income (Line 9f, plus Line 10b, plus Line 11) 13. Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0") 21,111.94 21,111.94 22,743.00	10.	-								
12. Total adjustments to income (Line 9f, plus Line 10b, plus Line 11) 13. Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0") 20.00 2,657.00 2,657.00 2,657.00 2,657.00			0.00	2,657.00						
13. Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0") 21,111.94 92,743.00	11.	Annual court ordered spous	rt is paid, enter "0"	0.00	0.00					
13. amount, enter "0") 21,111.94 92,743.00	12.	Total adjustments to income	0.00	2,657.00						
amount, enter "0")	13.	•								
			V2020-1			21,111.94				

Obligee Name Cashley					Obligor Name Rashley						Date this form is completed 06/02/2020			
Count	County Name SETS Case Number					Cour			rder Numh	er	Number of Children of the Ord			
Greene					Court or Administrative Order Number					1			0. 4.10 0.40.	
III. I	NCOME SHARES										(DBLIGEE		OBLIGOR
14.	Enter the amount from I	ine 13 fc	or each pa	rent (Adjı	usted annu	ıal gross ir	ncome)					21,111.9	94	92,743.00
15.	Using the Basic Child Support Schedule and the parent's individual income on Line 14, determine if													
16.	Combined adjusted ann	ual gross	s income (Add toget	ther the ar	nounts of	Line 14 fo	r both pare	ents)			11:	3,854.	.94
17.	Income Share: Enter the	e percent	age of par							ne	18.54 % 81.46 %			81.46 %
IV. S	SUPPORT CALCULA		· · ·											
	Basic Child Support Obl													
40	a. Using the Basic Chi <u>parent's adjusted g</u> Line 14 amount is l	ild Suppo gross inco less than	ome on Lir lowest in	ne 14 for t come amo	the numbe ount on th	er of childr e Basic Sch	en of this nedule, en	order. If e iter "960"	ither pare			2,199.58		11,554.86
18.	b. Using the Basic Child Support Schedule, enter the amount from the corresponding cell <u>for the parents' combined annual gross income</u> on Line 16 for the number of children of this order. If Line 16 amount is less than lowest income amount on the Basic Schedule, enter "960"								12,457.12			12		
	c. Multiply the amou								parent			2,309.	55	10,147.57
	d. Enter the lower of	Line 18a	or Line 18	3c for eacl	h parent, i	f less than	"960", en	ter "960"				2,199.	58	10,147.57
19.	Parenting Time Order 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										T	Yes		
	b. If Line 19a is "Yes", 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"							0.00		00	1,014.76			
20.	Derivative Benefit													
	Enter any non-means-tested benefits received by a child(ren) subject to the order.								0.0	00	0.00			
	Child Care Expenses a. Annual child care expenses for children of this order (Less any subsidies)													
	a. Annual child care e	-		1	child 2 Child 3			Child 4			Cl- :I	0.0		0.00
	Birth Date	Chi	Ia 1	Cn	IIa Z	Cni	ııa 3	Cni	Ia 4		Chil	a 5		Child 6
	b. Child Age													
	c. Maximum Allowable Cost													
	of Pocket	Obligee	Obligor	Obligee	Obligor	Obligee	Obligor	Obligee	Obligor	Oblig	gee	Obligor	Oblig	jee Obligor
	e. Lower of Line 21c or 21d													
21.	Apportioned	Obligee					Obligor	Obligee	Obligor	Oblig	gee	Obligor	Oblig	jee Obligor
	f. Enter total of Line 21e apportionment for children of this order									0.0	00	0.00		
	Federal child care credit percentage (see IRS Pub 503)									31.00 %		20.00 %		
	Federal child care credit (see IRS Pub 503)								0.00		00	0.00		
	Ohio child care credit percentage (see Ohio Instructions PIT-IT1040)								25.00 %			0.00 %		
	Ohio child care credit (see Ohio Instructions PIT-IT1040)								0.00		_	0.00		
	g. Enter the eligible federal and state tax credits							Calculated 0.00			Calculated 0.00			
•	h. Line 21f minus combined amounts of Line 21g								0.00			0.00		
	i. Multiply Line 21h by Line 17 for each parent; (If Line 15 is checked for the parent, use the lower									0.0		0.00		
i	percentage amount of either Line 17 or 50.00% to determine the parent's share). Annual child								I					
	percentage amount		r Line 17 c	or 50.00%	to determ	ше ше ра	rent s snai	ie). Ailliu	ai Cilliu					
-	percentage amount care costs	of either						ie). Ailiu	ai Cilliu			0.0		0.00
	percentage amount	of either	alculation	results in	a negative	e amount,	enter "0"		ai Cilliu			0.0		0.00

Bild	ee Name Cashley		Obligor	vame	Rashley	Date th	ns form is 06/02/	completed 2020
Count	ty Name	SETS Case Number			Court or Administrative Order Number	Numbe		en of the Order
	Greene					1		
V. (CASH MEDICAL				1			
	Cash Medical Obligation for C	Children Subject to this	Order					
23.	a. Annual combined cash r						388.	70
	b. Multiply Line 23a by Line	e 17 for each parent. <i>I</i>	Annual cas	sh medi	cal obligation		72.06	316.64
VI. I	RECOMMENDED MON	THLY ORDERS FO	R DECRE	EE			OBLIGOR	R'S OBLIGATION
24.	CHILD SUPPORT AMOUNT (Li	ne 22, divided by 12)						761.07
	-		eviation(s)) to child	d support. (See sections 3119.23, 3119.2	231 and		
	3119.24 of the Revised Code a. For 3119.23 factors (Ente		+ \					
	T		ι) 	Signiff	icant in-kind parental contributions			
	Special/Unusual child needs Other court-ordered payments				ordinary parental work-related expense			ļ
	Extended parenting time/Extraordinary costs				s standard of living if parents were man	riea		
25.	Child financial resources			+	s educational opportunities			
25.	Relative parental financial resources			 	tal support for other special needs child	dren		
	Obligee's income below federal poverty				post-secondary educational expenses			
	Parental remarriage/shared living expenses			Parental cost for court-ordered reunification e				
	Parental federal, state, lo	cal taxes paid		Extrac	ordinary child care cost			
	b. For 3119.231 extended p							
	c. Add together the amount	s from Lines 25a and 2	5b					
26.	DEVIATED MONTHLY CHILD S	UPPORT AMOUNT (Lin	e 24 plus	or minu	s Line 25c)			761.07
27.	CASH MEDICAL SUPPORT AM	OUNT (Line 23b, divid	ed by 12)					26.39
28.	Line 28 is ONLY completed if	the court orders a devi	iation to ca	ash med	lical. (See section 3119.303 of the Revis	ed Code	e)	
20.	Cash Medical Deviation amou		-26.33					
29.	DEVIATED MONTHLY CASH M	EDICAL AMOUNT						0.06
30.	•	obligation for the par	rent ordered to pay support (Line 24 or Line 26, plus Line 2					761.13
31.	or Line 29) Processing Charge Amount							
32.	Total Monthly Obligation for Order (Child Support, Cash Medical, and Processing Charge)							15.22
52.	Total Monthly Obligation for C	Tuer (eriila Sapport, ea			rocessing enarge/			776.35
Pre	pared by Wilburn L. Ba	ker, counsel for o	obligee.					
14/5	rkahaat baa baan yayis	wod and sames d	to.					
VVO	rksheet has been revie	wed and agreed	to:					
Ras	hley	Date			Cashley		Date	
Ob	ligor				Obligee			