

OHIO

SOLE AND SHARED PARENTING CHILD SUPPORT COMPUTATION WORKSHEET

Obligee Name			Obligor Name			Date this form is completed			
tester shared			test shared			11/11/2019			
County Name		SETS Case Number		Court or Administrative Order Number		Number of Children of the Order			
Choose County		Enter		Enter		1			
I. GROSS INCOME		OBLIGEE Computed Income		OBLIGOR Computed Income		OBLIGEE		OBLIGOR	
1.	Annual Gross Income	<input checked="" type="radio"/>	35,000.00	Yearly	<input checked="" type="radio"/>	54,000.00	Yearly	35,000.00	54,000.00
		<input type="radio"/>	Gross YTD	Pay Date	<input type="radio"/>	Gross YTD	Pay Date		
		<input type="radio"/>	Ohio Minimum Wage		<input type="radio"/>	Ohio Minimum Wage			
2.	Annual amount of overtime, bonuses, and commissions								
	a. Year 3 (Three years ago - 2016)						0.00	0.00	
	b. Year 2 (Two years ago - 2017)						0.00	0.00	
	c. Year 1 (Last calendar year - 2018)						0.00	0.00	
	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)						0.00	0.00	
3.	Calculation for Self-Employment Income								
	a. Gross receipts from business						0.00	0.00	
	b. Ordinary and necessary business expenses						0.00	0.00	
	c. 6.2% of adjusted gross income or actual marginal difference between actual rate paid and F.I.C.A rate		Obligee		Obligee	0.00	0.00		
		<input checked="" type="radio"/>	Calculated	<input checked="" type="radio"/>	Calculated				
		<input type="radio"/>	Actual	<input type="radio"/>	Actual				
d. Adjusted annual gross income from self-employment (Line 3a minus Line 3b minus Line 3c)						0.00	0.00		
4.	Annual income from unemployment compensation						0.00	0.00	
5.	Annual income from workers' compensation, disability insurance, or social security disability/retirement benefits						0.00	0.00	
6.	Other annual income or potential income						0.00	0.00	
7.	Total annual gross income (Add Lines 1, 2d, 3d, 4, 5 and 6, if Line 7 results in a negative amount, enter "0")						35,000.00	54,000.00	
8.	Health insurance maximum (Multiply Line 7 by 5% or .05)						1,750.00	2,700.00	
II. ADJUSTMENTS TO INCOME							OBLIGEE	OBLIGOR	
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	0	
	b. Enter the number of children subject to this order						1	0	
	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						5,978.33	0.00	
	e. Divide the amount on Line 9d by the number on Line 9a						5,978.33	0.00	
	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.						0.00	0.00	
10.	Adjustment for Out-of-Pocket Health Insurance Premiums								
	a. Identify the health insurance obligor(s).						<input type="checkbox"/>	<input type="checkbox"/>	
	b. Enter the total out-of-pocket costs for health insurance premiums for the parent(s) identified on Line 10a.						0.00	2,080.00	
11.	Annual court ordered spousal support paid; if no spousal support is paid, enter "0"						0.00	0.00	
12.	Total adjustments to income (Line 9f, plus Line 10b, plus Line 11)						0.00	2,080.00	
13.	Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0")						35,000.00	51,920.00	

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III. INCOME SHARES						OBLIGEE		OBLIGOR					
14.	Enter the amount from Line 13 for each parent (Adjusted annual gross income)					35,000.00		51,920.00					
15.	Using the Basic Child Support Schedule and the parent's individual income on Line 14, determine if the parent's obligation is located in the shaded area of the schedule. 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					<input type="checkbox"/>		<input type="checkbox"/>					
16.	Combined adjusted annual gross income (Add together the amounts of Line 14 for both parents)					86,920.00							
17.	Income Share: Enter the percentage of parent's income to combined annual adjusted gross income (Line 14 divided by Line 16 for each parent)					40.27%		59.73%					
IV. SUPPORT CALCULATION						OBLIGEE		OBLIGOR					
18.	Basic Child Support Obligation												
	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 of this order. If either parent's Line 14 amount is less than lowest income amount on the Basic Schedule, enter "960"					5,978.33		8,459.20					
	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"					11,137.47							
	c. Multiply the amount in Line 18b by Line 17 for each parent. Enter the amount for each parent					4,485.06		6,652.41					
	d. Enter the lower of Line 18a or Line 18c for each parent, if less than "960", enter "960"					4,485.06		6,652.41					
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					<input type="checkbox"/> Yes		<input type="checkbox"/> 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"					0.00		0.00					
20.	Derivative Benefit												
	Enter any non-means-tested benefits received by a child(ren) subject to the order.					0.00		0.00					
21.	Child Care Expenses												
	a. Annual child care expenses for children of this order (Less any subsidies)					0.00		0.00					
		Child 1		Child 2		Child 3		Child 4		Child 5		Child 6	
	Birthdate	03/28/2012		mm/dd/YYYY		mm/dd/YYYY		mm/dd/YYYY		mm/dd/YYYY		mm/dd/YYYY	
	b. Child Age	7 Years		Calculate		Calculate		Calculate		Calculate		Calculate	
	c. Maximum Allowable Cost	7,290.00		0.00		0.00		0.00		0.00		0.00	
	d. Actual Out of Pocket	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00
	e. Enter lower of Line 21c or 21d	0.00		0.00		0.00		0.00		0.00		0.00	
	Apportioned	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00	Obligee 0.00	Obligor 0.00
	f. Enter total of Line 21e for children of this order					0.00		0.00					
	Federal child care credit percentage (see IRS Pub 503)					25.00%		20.00%					
	Federal child care credit (see IRS Pub 503)					0.00		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			Obligee		Obligor		0.00		0.00			
	Calculated		<input checked="" type="radio"/>	Calculated		<input checked="" type="radio"/>	Calculated						
	Override		<input type="radio"/>	Actual		<input type="radio"/>	Actual						
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 percentage amount of either Line 17 or 50.00% to determine the parent's share). Annual child care costs					0.00		0.00						
j. Line 21i minus Line 21a. If calculation results in a negative amount, enter "0"					0.00		0.00						
22.	Adjusted Child Support Obligation (Line 18d minus Line 19b minus Line 20 plus Line 21j; if calculation results in negative amount, enter "0"). Annual child support obligation					4,485.06		6,652.41					

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V. CASH MEDICAL			OBLIGEE	OBLIGOR	
23.	Cash Medical Obligation for Children Subject to this Order				
	a. Annual combined cash medical support obligation			388.70	
	b. Multiply Line 23a by Line 17 for each parent. Annual cash medical obligation			156.53	232.17
VI. RECOMMENDED MONTHLY ORDERS FOR DECREE			OBLIGOR'S OBLIGATION		
24.	CHILD SUPPORT AMOUNT (Line 22, divided by 12)			554.37	
25.	Line 25 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)				
	<input type="checkbox"/> Special/Unusual child needs	<input checked="" type="checkbox"/> Significant in-kind parental contributions			
	<input type="checkbox"/> Other court-ordered payments	<input type="checkbox"/> Extraordinary parental work-related expenses			
	<input type="checkbox"/> Extended parenting time/Extraordinary costs	<input type="checkbox"/> Child's standard of living if parents were married			
	<input type="checkbox"/> Child Financial Resources	<input type="checkbox"/> Child's educational opportunities			
	<input type="checkbox"/> Relative parental financial resources	<input type="checkbox"/> Parental support for other special needs children			
	<input type="checkbox"/> Obligee's income below federal poverty	<input type="checkbox"/> Child post-secondary educational expenses			
	<input type="checkbox"/> Parental remarriage/shared living expenses	<input type="checkbox"/> Parental cost for court-ordered reunification efforts			
	<input type="checkbox"/> Parental federal, state, local taxes paid	<input type="checkbox"/> Extraordinary child care cost			
	<input checked="" type="checkbox"/> Other relevant factors : Child's best interest served by 50/50 Shared Parenting as to time and costs.				
	<input type="radio"/> Set Monthly Child Support Deviation:				
	<input checked="" type="radio"/> Set Monthly Child Support:			0.00	
	b. For 3119.231 extended parenting time (Enter the monthly)			0.00	
	c. Add together the amounts from Lines 25a and 25b			-554.37	
26.	DEVIATED MONTHLY CHILD SUPPORT AMOUNT (Line 24 plus or minus Line 25c)			0.00	
27.	CASH MEDICAL SUPPORT AMOUNT (Line 23b, divided by 12)			19.35	
28.	Line 28 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)			-19.35	
29.	DEVIATED MONTHLY CASH MEDICAL AMOUNT (Line 27 plus or minus Line 28a)			0.00	
30.	Enter ONLY the total monthly obligation for the parent ordered to pay support (Line 24 or Line 26, plus Line 27 or Line 29)			0.00	
31.	Processing Charge Amount			0.00	
32.	Total Monthly Obligation for Order (Child Support, Cash Medical, and Processing Charge)			0.00	

Prepared by test doc name

Counsel for Obligor

Worksheet has been reviewed and agreed to:

test shared, ObligorDate

tester shared, ObligeeDate