

# OHIO SPLIT PARENTING CHILD SUPPORT COMPUTATION WORKSHEET

Parent A Name <b>testerA</b>		Parent B Name <b>testerB</b>		Date this form is completed <b>05/18/2020</b>	
County Name <b>Ashland</b>		SETS Case Number <b>12452</b>		Court or Administrative Order Number <b>32155</b>	
				Number of Children of the Order <b>2</b>	
<b>I. GROSS INCOME</b>		<b>Parent A Computed Income Facts</b>		<b>Parent B Computed Income Facts</b>	
				<b>Parent A</b>	<b>Parent B</b>
1.	Annual Gross Income	<b>1,245.00 twice/month</b>		<b>1,254.00/month</b>	
Annual amount of overtime, bonuses, and commissions					
2.	a. Year 3 (Three years ago - 2017)			<b>2.00</b>	<b>3.00</b>
	b. Year 2 (Two years ago - 2018)			<b>4.00</b>	<b>5.00</b>
	c. Year 1 (Last calendar year - 2019)			<b>6.00</b>	<b>7.00</b>
	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)			<b>4.00</b>	<b>5.00</b>
Calculation for Self-Employment Income					
3.	a. Gross receipts from business			<b>8.00</b>	<b>9.00</b>
	b. Ordinary and necessary business expenses			<b>124.00</b>	<b>525.00</b>
	c. 6.2% of adjusted gross income or actual marginal difference between actual rate paid and F.I.C.A rate			<b>Calculated 0.00</b>	<b>Actual 121.00</b>
	d. Adjusted annual gross income from self-employment (Line 3a minus Line 3b minus Line 3c)			<b>-116.00</b>	<b>-637.00</b>
4.	Annual income from unemployment compensation			<b>142.00</b>	<b>124.00</b>
5.	Annual income from workers' compensation, disability insurance, or social security disability/retirement benefits			<b>121.00</b>	<b>141.00</b>
6.	Other annual income or potential income			<b>171.00</b>	<b>181.00</b>
7.	Total annual gross income (Add Lines 1, 2d, 3d, 4, 5 and 6, if Line 7 results in a negative amount, enter "0")			<b>30,202.00</b>	<b>14,862.00</b>
8.	Health insurance maximum (Multiply Line 7 by 5% or .05)			<b>1,510.10</b>	<b>743.10</b>
<b>II. ADJUSTMENTS TO INCOME</b>					
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:					
9.	a. Enter the total number of children, including children of this order and other children				
	b. Enter the number of children subject to this order				
	c. Line 9a minus Line 9b				
	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				
	e. Divide the amount on Line 9d by the number on Line 9a				
	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.			<b>0.00</b>	<b>0.00</b>
Adjustment for Out-of-Pocket Health Insurance Premiums					
10.	a. Identify the health insurance obligor(s).			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	b. Enter the total out-of-pocket costs for health insurance premiums for the parent(s) identified on Line 10a.			<b>111.00</b>	<b>112.00</b>
11.	Annual court ordered spousal support paid; if no spousal support is paid, enter "0"			<b>113.00</b>	<b>114.00</b>
12.	Total adjustments to income (Line 9f, plus Line 10b, plus Line 11)			<b>224.00</b>	<b>226.00</b>
13.	Adjusted annual gross income (Line 7 minus Line 12; if Line 13 results in a negative amount, enter "0")			<b>29,978.00</b>	<b>14,636.00</b>
<b>III. INCOME SHARES</b>				<b>Parent A</b>	<b>Parent B</b>
14.	Enter the amount from Line 13 for each parent (Adjusted annual gross income)			<b>29,978.00</b>	<b>14,636.00</b>
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			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16.	Combined adjusted annual gross income (Add together the amounts of Line 14 for both parents)			<b>44,614.00</b>	
17.	Income Share: The percentage of parent's income to combined annual adjusted gross income			<b>67.19 %</b>	<b>32.81 %</b>

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#### IV. SUPPORT CALCULATION

Basic Child Support Obligation													
Number of children with Parent A: <b>1</b>				Number of children with Parent B: <b>1</b>				Parent A Custodial		Parent B Custodial			
								Parent A	Parent B	Parent A	Parent B		
18.	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"							4,859.40	1,271.80	4,859.40	1,271.80		
	b. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for the parents' combined annual 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 "960"							7,450.74		7,450.74			
	c. Multiply the amount in Line 18b by Line 17 for each parent and enter the amount							5,006.15	2,444.59	5,006.15	2,444.59		
	d. Enter the lower of Line 18a or Line 18c for each parent, if less than "960", enter "960"							4,859.40	1,271.80	4,859.40	1,271.80		
Parenting Time Order										Parent A Custodial		Parent B Custodial	
19.	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"								127.18	485.94			
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.								0.00	0.00			
Child Care Expenses										Parent A Custodial		Parent B Custodial	
a. Annual child care expenses for children with each parent (Less any subsidies)										Parent A	Parent B	Parent A	Parent B
										224.00	226.00	224.00	226.00
Children with Parent A													
		Child 1		Child 2		Child 3		Child 4		Child 5		Child 6	
Birth Date		07/07/2010		06/06/2012									
b. Age		9 Years		7 Years									
c. Max		7,290.00		7,290.00									
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
		111.00	112.00	113.00	114.00								
e. Lowest		223.00		227.00									
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
		111.00	112.00	113.00	114.00								
Children with Parent B													
		Child 1		Child 2		Child 3		Child 4		Child 5		Child 6	
Birth Date		07/07/2010		06/06/2012									
f. Age		9 Years		7 Years									
g. Max		7,290.00		7,290.00									
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
		111.00	112.00	113.00	114.00								
i. Lowest		223.00		227.00									
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
		111.00	112.00	113.00	114.00								
21.	j. Enter total of Line 21e apportioned for children with Parent A							0.00	226.00				
	k. Enter total of Line 21i apportioned for children with Parent B									224.00	226.00		
	Federal child care credit percentage (see IRS Pub 503)							27.00 %	35.00 %	27.00 %	35.00 %		
	Federal child care credit (see IRS Pub 503)							60.48	79.10	60.48	79.10		
	Ohio child care credit percentage (see Ohio Instructions PIT-IT1040)							25.00 %	100.00 %	25.00 %	100.00 %		
	Ohio child care credit (see Ohio Instructions PIT-IT1040)							15.12	79.10	15.12	79.10		
	l. Enter the eligible federal and state tax credits							75.60	158.20	75.60	158.20		
	m. Line 21j minus combined amounts of Line 21l							216.20					
	n. Line 21k minus combined amounts of Line 21l									216.20			
	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). <b>Annual child care costs</b>							108.10	70.94	108.10	70.94		
	p. Line 21o minus Line 21a. If calculation results in a negative amount, enter "0"							0.00	0.00	0.00	0.00		
	22.	Adjusted Child Support Obligation (Line 18d minus Line 19b minus Line 20 plus Line 21p; if calculation results in negative amount, enter "0"). <b>Annual child support obligation</b>									1,144.62	4,373.46	

#### V. CASH MEDICAL

Cash Medical Obligation for Children Subject to this Order									
23.	a. Annual combined cash medical support obligation							388.70	388.70
	b. Multiply Line 23a by Line 17 for each parent. <b>Annual cash medical obligation</b>							127.53	261.17

