



IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, MISSOURI

In re the Marriage of

\_\_\_\_\_,  
Spouse 1,  
and  
\_\_\_\_\_,  
Spouse 2.

Case No. \_\_\_\_\_  
As of date: \_\_\_\_\_  
Statement of: \_\_\_\_\_

**STATEMENT OF INCOME AND EXPENSES**

**I. AVERAGE MONTHLY INCOME**

- A. Gross monthly income from wages** \_\_\_\_\_
- B. Minus the following payroll deductions:**
  - 1. Federal tax withholding \_\_\_\_\_
  - 2. State tax withholding \_\_\_\_\_
  - 3. FICA (social security tax withholding) \_\_\_\_\_
  - 4. Medicare tax withholding \_\_\_\_\_
  - 5. Health, dental, disability insurance \_\_\_\_\_
  - 6. Union dues \_\_\_\_\_
  - 7. Retirement (e.g., 401(K)) \_\_\_\_\_
  - 8. Other (describe): \_\_\_\_\_
- Total deductions from wages** \_\_\_\_\_
- Net Income from Wages** \_\_\_\_\_
- C. Other monthly income (net of taxes)**
  - 1. Other (describe): \_\_\_\_\_
  - 2. Other (describe): \_\_\_\_\_
- Total other monthly income** \_\_\_\_\_

**TOTAL NET MONTHLY INCOME** \_\_\_\_\_

**II. AVERAGE MONTHLY EXPENSES**

- A. Housing expenses**
  - 1. Rent or monthly mortgage payment \_\_\_\_\_
  - 2. Repairs and maintenance \_\_\_\_\_
  - 3. Other (describe): \_\_\_\_\_
- Total housing expenses** \_\_\_\_\_
- B. Utility expenses**
  - 1. Electricity \_\_\_\_\_
  - 2. Heating fuel (gas, propane, oil, etc.) \_\_\_\_\_
  - 3. Water and sewer \_\_\_\_\_
  - 4. Telephone (cell and landline) \_\_\_\_\_
  - 5. Internet (cable, fiber, etc.) \_\_\_\_\_
  - 6. Television (cable, satellite, etc.) \_\_\_\_\_
  - 7. Other (describe): \_\_\_\_\_
- Total utility expenses** \_\_\_\_\_
- C. Automobile expenses**
  - 1. Loan or lease payment \_\_\_\_\_
  - 2. Automobile fuel \_\_\_\_\_
  - 3. Maintenance and repair \_\_\_\_\_
  - 4. Taxes, inspection, and licensing \_\_\_\_\_
  - 5. Other (describe): \_\_\_\_\_
- Total automobile expenses** \_\_\_\_\_

**D. Insurance expenses (not deducted from wages)**

- 1. Life insurance \_\_\_\_\_
- 2. Homeowner or renter insurance \_\_\_\_\_
- 3. Automobile insurance \_\_\_\_\_
- 4. Other (describe): \_\_\_\_\_

**Total insurance expenses** \_\_\_\_\_

**E. Tax expenses (not included above)**

- 1. Real estate taxes \_\_\_\_\_
- 2. Personal property taxes \_\_\_\_\_
- 3. Other (describe): \_\_\_\_\_

**Total tax expenses** \_\_\_\_\_

**F. Other loan and credit card expenses**

- 1. Credit cards (list): \_\_\_\_\_
- 2. Unsecured (list): \_\_\_\_\_
- 3. Secured (list): \_\_\_\_\_
- 4. Other (describe): \_\_\_\_\_

**Total other loan expenses** \_\_\_\_\_

**G. Child support paid to others for children not involved in this proceeding** \_\_\_\_\_

**H. Maintenance paid to persons other than current spouse** \_\_\_\_\_

**I. Regular church and charitable contributions** \_\_\_\_\_

**J. Work-related daycare expenses** \_\_\_\_\_

**K. Other monthly expenses** \_\_\_\_\_

|   | <u>Yourself</u> | <u>Child(ren)</u> |
|---|-----------------|-------------------|
| 1. Groceries, household goods, supplies, etc. ....            | _____           | _____             |
| 2. Clothing .....   | _____           | _____             |
| 3. Medical care and medications (uninsured) .....             | _____           | _____             |
| 4. Dental and orthodontic (uninsured) .....                   | _____           | _____             |
| 5. Vision care (uninsured) .....                              | _____           | _____             |
| 6. Recreation and entertainment .....                         | _____           | _____             |
| 7. Beauty and barber shop .....                               | _____           | _____             |
| 8. School tuition, books, supplies, and fees .....            | _____           | _____             |
| 9. School room and board .....                                | _____           | _____             |
| 10. Extracurricular fees (clubs, sports, lessons, etc.) ..... | _____           | _____             |
| 11. Other (describe): _____                                   | _____           | _____             |
| 12. Other (describe): _____                                   | _____           | _____             |
| 13. Other (describe): _____                                   | _____           | _____             |

**Total other monthly expenses** \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \_\_\_\_\_

**III. RECAPITULATION**

**A. Net monthly income** \_\_\_\_\_

**B. Minus average monthly expenses** \_\_\_\_\_

**TOTAL MONTHLY DISPOSIBLE INCOME** \_\_\_\_\_

**IV. SIGNATURE**

I declare under penalties of perjury that the foregoing information is true and correct to the best of my knowledge and belief.

X \_\_\_\_\_

Subscribed and sworn to before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

STAMP:

X \_\_\_\_\_  
Notary public