

# Statement of Income and Expenses (To be completed if custody is the basis of your request.)

Use black ink only.

## Personal Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
\_\_\_\_\_ Social Security Number \_\_\_\_\_

New York Case Identifier(s) and county for all support cases involving the children that are now in your custody:

ID \_\_\_\_\_ County \_\_\_\_\_ ID \_\_\_\_\_ County \_\_\_\_\_  
ID \_\_\_\_\_ County \_\_\_\_\_ ID \_\_\_\_\_ County \_\_\_\_\_

Copies of this form must be sent to each county that you request a review of the additional amount.

## Income Information

Annual gross income \$ \_\_\_\_\_

Married  Yes  No If yes, please list your spouse's annual gross income \$ \_\_\_\_\_

## Family Expense Information

For any expenses that are paid each week, multiply by 4.3 to obtain a monthly payment. Expenses included under "Other" should be listed separately with separate dollar amounts. Attach additional sheets, if needed. When available, please provide documentary proof of your expenses, for example: a cancelled rent or mortgage check, a utility bill, or receipts. **Please list expenses on a monthly basis:**

- |  |                    |
|--|--------------------|
| 1. Housing: rent, mortgage, real estate taxes, association fees, condominium charges, cooperative apartment maintenance  | 1. Total \$ _____  |
| 2. Utilities: fuel oil, gas, electricity, telephone, water   | 2. Total \$ _____  |
| 3. Food: groceries, school lunches   | 3. Total \$ _____  |
| 4. Child support payments, alimony and maintenance payments  | 4. Total \$ _____  |
| 5. Clothing  | 5. Total \$ _____  |
| 6. Laundry: laundromat, dry cleaning   | 6. Total \$ _____  |
| 7. Insurance: life, homeowner's/tenant's, fire, theft and liability, automotive, umbrella policy, medical plan, dental plan, optical plan, prescription drug plan, disability  | 7. Total \$ _____  |
| 8. Unreimbursed health expenses: medical, dental, optical, prescription  | 8. Total \$ _____  |
| 9. Automotive: lease or loan payments, gas and oil, parking and tolls<br>Year: _____ Make: _____ Personal: _____ Business: _____<br>Year: _____ Make: _____ Personal: _____ Business: _____<br>Year: _____ Make: _____ Personal: _____ Business: _____ | 9. Total \$ _____  |
| 10. Income taxes: Federal, State, City, Social Security and Medicare   | 10. Total \$ _____ |
| 11. Miscellaneous: union and organization dues, loan payments, unreimbursed business expenses  | 11. Total \$ _____ |
| 12. Other: please list   | 12. Total \$ _____ |
| 1. _____ \$ _____  |                    |
| 2. _____ \$ _____  |                    |
| 3. _____ \$ _____  |                    |
| 4. _____ \$ _____  |                    |

TOTAL EXPENSES: \$ \_\_\_\_\_