

Washington State Child Support Schedule Worksheets

Proposed by (name) Imran Khan State of WA Other _____ (CSWP)
 Or, Signed by the Judicial/Reviewing Officer. (CSW)

County King County

Case No.

Child/ren and Age/s:

Sulaiman Khan 21

Qasim Khan 4

Parents' names:

(Column 1)

(Column 2)

	Column 1	Column 2
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	\$100,000.00	\$ 125,000.00
b. Interest and Dividend Income	\$20,000.00	\$ 20,000.00
c. Business Income	\$ 2,000.00	\$ 0.00
d. Maintenance Received	\$ 0.00	\$ 0.00
e. Other Income	\$ 2,000.00	\$ 5,000.00
f. Imputed Income	\$ 0.00	\$ 0.00
g. Total Gross Monthly Income (add lines 1a through 1f)	\$ 0.00	\$ 0.00
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$ 3201	\$ 5,000.00
b. FICA (Soc. Sec.+ Medicare)/Self-Employment Taxes	\$ 1500	\$ 8,200.00
c. State Industrial Insurance Deductions	\$ 1000	\$ 1,250.00
d. Mandatory Union/Professional Dues	\$ 375	\$ 350.00
e. Mandatory Pension Plan Payments	\$ 250	\$ 200.00

f. Voluntary Retirement Contributions	\$ 250	\$ 200.00
g. Maintenance Paid	\$ 100	\$ 200.00
h. Normal Business Expenses	\$ 100	\$ 0.00
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$ 2,075.00	\$ 0.00
3. Monthly Net Income (line 1g minus 2i)	\$ 0.00	\$ 0.00
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)		\$ 0
5. Basic Child Support Obligation (enter total amount in box →) Child #1 Child #2 Child #3 Child #4 Child #5		\$ 0
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	0.00	0.00
Part II: Basic Child Support Obligation (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5.)	\$ 50	\$ 50
8. Calculating low income limitations: Fill in only those that apply. Self-Support Reserve: (125% of the Federal Poverty Guideline.)		\$
a. <u>Is Combined Net Income Less Than \$1,000?</u> If yes , for each parent enter the presumptive \$50 per child.	\$	\$
b. <u>Is Monthly Net Income Less Than Self-Support Reserve?</u> If yes , for that parent enter the presumptive \$50 per child.	\$ 50	\$ 50
c. <u>Is Monthly Net Income equal to or more than Self-Support Reserve?</u> If yes , for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that amount or the presumptive \$50 per child, whichever is greater.	\$	\$
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a - 8c, but not less than the presumptive \$50 per child.	\$ 50.00	\$ 50.00
Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. Health Care Expenses		
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$ 200.00	\$ 300
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$ 300.00	\$ 200
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$ 500.00	\$ 500.00
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)		\$ 1,000.00
11. Day Care and Special Expenses		
a. Day Care Expenses	\$ 500.00	\$ 1400
b. Education Expenses	\$ 400.00	\$ 200
c. Long Distance Transportation Expenses	\$ 300.00	\$ 1500

d. Other Special Expenses (describe) 200	\$ 300.00	\$
500	\$	\$2300
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 11a through 11d)	\$ 1,500.00	\$ 5,400.00
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)		\$ 0.00
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)		\$ 0.00
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$ 0.00	\$ 0.00
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$ 50.00	\$ 50.00
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$ 300.00	\$ 220.00
b. Day Care and Special Expenses Credit	\$ 300.00	\$ 110.00
c. Other Ordinary Expenses Credit (describe) Child Healthcare Reimbursement Child Healthcare Reimbursement Grandmama Allowance 200.00 0.00 0.00	\$ 300.00 500.00 400.00 \$	\$ \$ 400.00 100.00 50.00
d. Total Support Credits (add lines 16a through 16c)	\$ 1,800.00	\$ 880.00
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$0.00	\$ 50
Part VII: Additional Informational Calculations		
18. 45 % of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$ 0.00	\$ 0.00
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$ 0.00	\$ 0.00
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	\$	\$
b. Investments	\$	\$

c. Vehicles and Boats	\$	\$
d. Bank Accounts and Cash	\$	\$
e. Retirement Accounts	\$	\$
f. Other (describe)	\$	\$
	\$	\$
21. Household Debt (List liens against household assets, extraordinary debt.)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action) Name Name	\$ \$	\$ \$
b. Income Of Other Adults In Household Name Name	\$	\$ 0.00
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8 _____	\$	\$
d. Income Of Child(ren) (if considered extraordinary) Name Name	\$	\$ 0.00
e. Income From Child Support Name Name	\$ \$	\$ 0.00
f. Income From Assistance Programs Program Program	\$	\$ 0.00
g. Other Income (describe) _____ _____	\$	\$
23. Non-Recurring Income (describe)	\$ \$	\$ 0.00
24. Child Support Owed, Monthly, for Biological or Legal Child(ren)		
Name/age: Johnny 15 Paid [true] Yes <input type="checkbox"/> No	\$ 200.00	\$

Name/age: Babur 5 Paid <input type="checkbox"/> Yes [true] No	\$	\$
	\$	\$
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
Imran Khan		
Sarah 9		
Sana 8		
Jemima Khan		
Sophia 3		
Salim 5		
26. Other Factors For Consideration		

**This worksheet has been certified by the State of Washington Administrative Office of the Courts.
Photocopying of the worksheet is permitted.**