

## Washington State Child Support Schedule Worksheets

Proposed by  (name) \_\_\_\_\_  State of WA (CSWP)  
 Or,  Signed by the Judicial/Reviewing Officer. (CSW)

County \_\_\_\_\_ Case No. \_\_\_\_\_

Child/ren and Age/s: \_\_\_\_\_

Parents' names: \_\_\_\_\_  
(Column 1) (Column 2)

|  | Column 1 | Column 2 |
|--|----------|----------|
| <b>Part I: Income</b> (see Instructions, page 6)   |          |          |
| 1. Gross Monthly Income  |          |          |
| a. Wages and Salaries  | \$       | \$       |
| b. Interest and Dividend Income  | \$       | \$       |
| c. Business Income   | \$       | \$       |
| d. Maintenance Received  | \$       | \$       |
| e. Other Income  | \$       | \$       |
| f. Imputed Income  | \$       | \$       |
| g. Total Gross Monthly Income (add lines 1a through 1f)  | \$       | \$       |
| 2. Monthly Deductions from Gross Income  |          |          |
| a. Income Taxes (Federal and State)  | \$       | \$       |
| b. FICA (Soc. Sec.+ Medicare)/Self-Employment Taxes  | \$       | \$       |
| c. State Industrial Insurance Deductions   | \$       | \$       |
| d. Mandatory Union/Professional Dues   | \$       | \$       |
| e. Mandatory Pension Plan Payments   | \$       | \$       |
| f. Voluntary Retirement Contributions  | \$       | \$       |
| g. Maintenance Paid  | \$       | \$       |
| h. Normal Business Expenses  | \$       | \$       |
| i. Total Deductions from Gross Income (add lines 2a through 2h)  | \$       | \$       |
| 3. Monthly Net Income (line 1g minus 2i)   | \$       | \$       |
| 4. Combined Monthly Net Income<br>(add both parents' monthly net incomes from line 3)                                | \$       |          |
| 5. Basic Child Support Obligation<br>Number of children: _____ x \$ _____ per child<br>(enter total amount in box →) | \$       |          |
| 6. Proportional Share of Income (divide line 3 by line 4 for each parent)  | .        | .        |

|  | Column 1 | Column 2 |
|--|----------|----------|
| <b>Part II: Basic Child Support Obligation</b> (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.)   | \$       | \$       |
| 8. Calculating low income limitations: Fill in only those that apply.  |          |          |
| Self-Support Reserve: (125% of the federal poverty guideline for a one-person family.)   | \$       |          |
| a. Is Combined Net Income Less Than \$1,000? If yes, for each parent enter the presumptive \$50 per child.   | \$       | \$       |
| b. Is Monthly Net Income Less Than Self-Support Reserve? If yes, for that parent enter the presumptive \$50 per child.   | \$       | \$       |
| c. Is Monthly Net Income equal to or more than Self-Support Reserve? 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.   | \$       | \$       |
| <b>Part III: Health Care, Day Care, and Special Child Rearing Expenses</b> (see Instructions, page 8)  |          |          |
| 10. Health Care Expenses   |          |          |
| a. Monthly Health Insurance Premiums Paid for Child(ren)   | \$       | \$       |
| b. Uninsured Monthly Health Care Expenses Paid for Child(ren)  | \$       | \$       |
| c. Total Monthly Health Care Expenses (line 10a plus line 10b)   | \$       | \$       |
| d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)  | \$       |          |
| 11. Day Care and Special Expenses  |          |          |
| a. Day Care Expenses   | \$       | \$       |
| b. Education Expenses  | \$       | \$       |
| c. Long Distance Transportation Expenses   | \$       | \$       |
| d. Other Special Expenses (describe)   | \$       | \$       |
|  | \$       | \$       |
|  | \$       | \$       |
|  | \$       | \$       |
| e. Total Day Care and Special Expenses (add lines 11a through 11d)   | \$       | \$       |
| 12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)   | \$       |          |
| 13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)  | \$       |          |
| 14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)   | \$       | \$       |
| <b>Part IV: Gross Child Support Obligation</b>   |          |          |
| 15. Gross Child Support Obligation (line 9 plus line 14)   | \$       | \$       |

|   | Column 1 | Column 2 |
|---|----------|----------|
| <b>Part V: Child Support Credits</b> (see Instructions, page 9)   |          |          |
| 16. Child Support Credits   |          |          |
| a. Monthly Health Care Expenses Credit  | \$       | \$       |
| b. Day Care and Special Expenses Credit   | \$       | \$       |
| c. Other Ordinary Expenses Credit (describe)  | \$       | \$       |
| d. Total Support Credits (add lines 16a through 16c)  | \$       | \$       |
| <b>Part VI: Standard Calculation/Presumptive Transfer Payment</b> (see Instructions, page 9)                            |          |          |
| 17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)                                | \$       | \$       |
| <b>Part VII: Additional Informational Calculations</b>  |          |          |
| 18. 45% of each parent's net income from line 3 (.45 x amount from line 3 for each parent)                              | \$       | \$       |
| 19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)                | \$       | \$       |
| <b>Part VIII: Additional Factors for Consideration</b> (see Instructions, page 9)                                       |          |          |
| 20. Household Assets<br>(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<br>(List liens against household assets, extraordinary debt.)  |          |          |
|   | \$       | \$       |
|   | \$       | \$       |
|   | \$       | \$       |
|   | \$       | \$       |
|   | \$       | \$       |
| 22. Other Household Income  |          |          |
| a. Income Of Current Spouse or Domestic Partner<br>(if not the other parent of this action)<br>Name _____<br>Name _____ | \$<br>\$ | \$<br>\$ |
| b. Income Of Other Adults In Household<br>Name _____<br>Name _____  | \$<br>\$ | \$<br>\$ |

|  | Column 1 | Column 2 |
|--|----------|----------|
| c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 8<br>_____ | \$       | \$       |
| d. Income Of Child(ren) (if considered extraordinary)<br>Name _____<br>Name _____  | \$<br>\$ | \$<br>\$ |
| e. Income From Child Support<br>Name _____<br>Name _____   | \$<br>\$ | \$<br>\$ |
| f. Income From Assistance Programs<br>Program _____<br>Program _____   | \$<br>\$ | \$<br>\$ |
| g. Other Income (describe)<br>_____<br>_____   | \$<br>\$ | \$<br>\$ |
| 23. Non-Recurring Income (describe)<br>_____<br>_____  | \$<br>\$ | \$<br>\$ |
| 24. Monthly Child Support Ordered for Other Children   |          |          |
| Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$       | \$       |
| Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$       | \$       |
| Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No  | \$       | \$       |
| 25. Other Child(ren) Living In Each Household  |          |          |
| (First name(s) and age(s))   |          |          |
|  |          |          |
|  |          |          |
|  |          |          |
|  |          |          |
|  |          |          |
| 26. Other Factors For Consideration  |          |          |
|  |          |          |
|  |          |          |
|  |          |          |
|  |          |          |

