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KEVIN STOCK
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NO: 16-3-01443-6

Washington State Child Support Schedule Worksheets

[ ] Proposed by [ ] [ ] State of WA [ ] Other (CSWP)
Or, [ ] Signed by the Judicial/Reviewing Officer. (CSW)

County PIERCE **Case No.** 16-3-01443-6

Child/ren and Age/s: Anneka K Pruim, 5; Brooklyn M Pruim, 5

Parent 1 ALISON M. PRUIM **Parent 2** KOENE PRUIM

	Parent 1	Parent 2
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	$20000.00	$5,160.00
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)	$20000.00	$5,160.00
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State) Tax Year: Manual	$3,501.98	$328.50
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	$1,473.98	$372.50
c. State Industrial Insurance Deductions	$9.66	-
d. Mandatory Union/Professional Dues	-	$77.40
e. Mandatory Pension Plan Payments	-	$438.60
f. Voluntary Retirement Contributions	$416.67	-
g. Maintenance Paid	-	-
h. Normal Business Expenses	-	-
i. Total Deductions from Gross Income (add lines 2a through 2h)	$5,402.29	$1,217.00
3. Monthly Net Income (line 1g minus 2i)	$14,597.71	$3,943.00
4. Combined Monthly Net Income (line 3 amounts combined)	$18,540.71	
5. Basic Child Support Obligation (Combined amounts →) Anneka K Pruim $1165.00; Brooklyn M Pruim $1165.00; - ; - ; -	$2,330.00	
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	.787	.213

	Parent 1	Parent 2
Part II: Basic Child Support Obligation (see Instructions, page 7)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations (Each parent's Line 6 times Line 5.)	**$1,833.71**	**$496.29**
8. Calculating low income limitations: Fill in only those that apply.		
Self-Support Reserve: (125% of the Federal Poverty Guideline.)	**$1,238.00**	
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.	**$1,833.71**	**$496.29**
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)	**$44.02**	**$63.00**
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	-	-
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	**$44.02**	**$63.00**
d. Combined Monthly Health Care Expenses (add parent 1's and parent 2's totals from line 10c)	**$107.02**	
11. Day Care and Special Expenses		
a. Day Care Expenses	**$1,170.00**	-
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)	**$1,170.00**	-
12. Combined Monthly Total Day Care and Special Expenses (add parent 1's and parent 2's day care and special expenses from line 11e)	**$1,170.00**	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	**$1,277.02**	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	**$1,005.01**	**$272.01**
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	**$2,838.72**	**$768.30**

	Parent 1	Parent 2
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	$44.02	$63.00
b. Day Care and Special Expenses Credit	$1,170.00	-
c. Other Ordinary Expenses Credit (describe)	-	-
	-	-
	-	-
d. Total Support Credits (add lines 16a through 16c)	$1214.02	$63.00
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)	$1,624.70	$705.30
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)	$6,568.97	$1,774.35
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	$458.43	$124.07
Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated 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.)		
a.	-	-
b.	-	-
c.	-	-
d.	-	-
e.	-	-
f.	-	-
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	-	-

	Parent 1	Parent 2
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	-	-
e. Income From Child Support		
Name	-	-
Name	-	-
f. Income From Assistance Programs		
Program	-	-
Program	-	-
g. Other Income (describe)		
	-	-
	-	-
23. Non-Recurring Income (describe)		
	-	-
	-	-
24. Child Support Owed, Monthly, for Biological or Legal Child(ren)		
Name/age: Paid [ ] Yes [ ] No	-	-
Name/age: Paid [ ] Yes [ ] No	-	-
Name/age: Paid [ ] Yes [ ] No	-	-
25. Other Child(ren) Living In Each Household (First name(s) and age(s))		
26. Other Factors For Consideration		

Other Factors For Consideration (continued) (**attach additional pages as necessary**)

Signature and Dates

I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.

Parent 1's Signature

Parent 2's Signature

4/5/16 University Place

Date City

Date City

Judicial/Reviewing Officer

Date

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