

Washington State Child Support Schedule Worksheets

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

Mother _____ **Father** _____
County _____ **Case No.** _____

| Child(ren) and Age(s): | | |
|--|---------------|---------------|
| Part I: Income (See Instructions, Page 6) | | |
| 1. Gross Monthly Income | Father | Mother |
| 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 (add father's and mother's monthly net incomes from line 3) | \$ | |
| 5. Basic Child Support Obligation (enter total amount in box →) Child #1 _____ Child #3 _____ Child #5 _____ Child #2 _____ Child #4 _____ | \$ | |
| 6. Proportional Share of Income (each parent's net income from line 3 divided by line 4) | | |

| 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) | \$ | \$ |
| 8. Calculating low-income limitations: Fill in only those that apply. | | |
| Self-Support Reserve: (125% of the Federal Poverty Guideline) | \$ | |
| 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 Greater 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, then 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. | \$ | \$ |
| Part III: Health Care, Day Care, and Special Child Rearing Expenses (See Instructions, Page 8) | | |
| 10. Health Care Expenses | Father | Mother |
| 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 father's and mother's 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 father's and mother's 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) | \$ | \$ |
| Part IV: Gross Child Support Obligation | | |
| 15. Gross Child Support Obligation (line 9 plus line 14) | \$ | \$ |
| Part V: Child Support Credits (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) | \$ | \$ |
| 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) | \$ | \$ |
| 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) | \$ | \$ |
| 19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent) | \$ | \$ |
| Part VIII: Additional Factors for Consideration (See Instructions, Page 9) | | |
| 20. Household Assets (List the estimated present value of all major household assets.) | Father's Household | Mother's Household |
| 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 _____ | \$ | \$ |
| c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instruction, 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 Children | Father's Household | Mother's Household |
| 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.

Mother's Signature

Father's Signature

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.**