

2019 JUN 13 PM 3:44

Linda Myhre Enlow  
Thurston County Clerk

19-3-00739-34  
CSWP  
Child Support Worksheet Proposed  
5837170



## Washington State Child Support Schedule Worksheets

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

County Thurston Case No. 19 3 00739 34

Child/ren and Age/s: Levi Casano - 5

Parents' names: Mariah Tuck (Column 1) James Tuck (Column 2)

	Column 1	Column 2
<b>Part I: Income</b> (see Instructions, page 6)		
1. Gross Monthly Income		
a. Wages and Salaries	\$ <u>2410.00</u>	\$ <u>3200.00</u>
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)	\$ <u>2410.00</u>	\$ <u>3200.00</u>
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$ <u>160.00</u>	\$
b. FICA (Soc. Sec.+ Medicare)/Self-Employment Taxes	\$ <u>164.00</u>	\$
c. State Industrial Insurance Deductions	\$	\$
d. Mandatory Union/Professional Dues	\$	\$
e. Mandatory Pension Plan Payments	\$ <u>40.00</u>	\$
f. Voluntary Retirement Contributions	\$	\$
g. Maintenance Paid	\$	\$
h. Normal Business Expenses	\$	\$
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$ <u>344.00</u>	\$ <u>600.00</u>
3. Monthly Net Income (line 1g minus 2i)	\$ <u>1856.00</u>	\$ <u>2600.00</u>
4. Combined Monthly Net Income (add both parents' monthly net incomes from line 3)		\$ <u>4256.00</u>
5. Basic Child Support Obligation (enter total amount in box →)		
Child #1 <u>638</u> Child #3 _____ Child #5 _____		
Child #2 _____ Child #4 _____		
		\$ <u>638.00</u>
6. Proportional Share of Income (divide line 3 by line 4 for each parent)	<u>43.62%</u>	<u>51.39%</u>

	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.)	\$ 278.23	\$ 359.77
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 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.	\$ 165.00	\$ 349.23
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.	\$ 165.00	\$ 349.23
<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)	\$ 0	\$ 0
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$ 0	\$ 0
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$ 0	\$ 0
d. Combined Monthly Health Care Expenses (add both parents' totals from line 10c)	\$ 0	
11. Day Care and Special Expenses		
a. Day Care Expenses	\$ 600.00	\$ 0
b. Education Expenses	\$ 0	\$ 0
c. Long Distance Transportation Expenses	\$ 0	\$ 0
d. Other Special Expenses (describe)	\$ 0	\$ 0
	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 11a through 11d)	\$ 600.00	\$ 0
12. Combined Monthly Total Day Care and Special Expenses (add both parents' day care and special expenses from line 11e)	\$ 600.00	
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)	\$ 600.00	
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$ 261.66	\$ 338.34
<b>Part IV: Gross Child Support Obligation</b>		
15. Gross Child Support Obligation (line 9 plus line 14)	\$ 426.66	\$ 687.57

State JNS.

	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	\$ 0	\$ 0
b. Day Care and Special Expenses Credit	\$ 600.00	\$ 0
c. Other Ordinary Expenses Credit (describe)	\$ 0	\$ 0
d. Total Support Credits (add lines 16a through 16c)	\$ 600.00	\$ 0
<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)	\$ 50.00	\$ 687.57
<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)	\$ 835.20	\$ 1,080.00
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$ 41.25	\$ 87.30
<b>Part VIII: Additional Factors for Consideration</b> (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)		
a. Real Estate	\$ 0	\$ 0
b. Investments	\$ 0	\$ 0
c. Vehicles and Boats	\$ 0	\$ 0
d. Bank Accounts and Cash	\$ 0	\$ 2,000.00
e. Retirement Accounts	\$ 0	\$ 0
f. Other (describe)	\$ 0	\$ 0
21. Household Debt (List liens against household assets, extraordinary debt.)		
2013 Hyundai Elantra	\$ 5,000.00	\$ 0
	\$	\$
	\$	\$
	\$	\$
	\$	\$
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action)		
Name _____	\$ 0	\$ 0
Name _____	\$ 0	\$ 0
b. Income Of Other Adults In Household		
Name _____	\$ 0	\$ 0
Name _____	\$ 0	\$ 0

	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 _____	\$ ∅	\$ ∅
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 <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))		
NONE		
26. Other Factors For Consideration		

