Appendix Form 1
Child Support Guidelines Worksheet

I. NET MONTHLY INCOME OF PETITIONER, _____

A. Sources and Amounts of <u>Annual</u> Income:

_____	$_____.
_____	$_____.
_____	$_____.
_____ Total	$_____.

B. Federal Tax Deduction

Gross <u>Annual</u> Income	$_____.
less 1/2 self employment (FICA) tax	<_____>
less federal adjustments to income	<_____>
less___ personal exemptions	<_____>
less standard deduction	<_____>
Net taxable income - federal	$_____.
Federal Tax liability (from tax table)	<_____>

C. State Tax Deduction

Gross <u>Annual</u> Income	$_____.
less 1/2 self employment (FICA) tax	<_____>
less state adjustments to income	<_____>
less federal liability	<_____>
less state standard deduction	<_____>
Net taxable income - state	$_____.
State Tax Liability (from tax table) less ___ credits	<_____>

D. Social Security Tax Deduction

Annual earned income	$_____.
Application Rate (7.65% or 15.3%, as adjusted)	X_____%
Annual Social Security Tax Liability	<_____>

E. Other Deductions (<u>Annual</u>)

1) Union Dues	<_____>
2) Mandatory Pension	<_____>
3) Medical Insurance Premiums ($_____ /month for _____dependents)	<_____>
4) Affiant's medical insurance/expenses (up to $300)	<_____>
5) Prior child support obligations	<_____>
6) Spousal support obligations	<_____>
7) Deductions for additional qualified dependents (from tables)	<_____>
8) Child care expenses (present action) $_____.	
less fed. & state credits <_____>	
Net child care expenses	<_____>

Net <u>Annual</u> Income $_____.

Average <u>Monthly</u> Income (Petitioner) $_____.

II. NET MONTHLY INCOME OF
RESPONDENT, _____

A. Sources and Amounts of <u>Annual</u> Income:

_____	$_____ .
_____	$_____ .
_____	$_____ .
_____ Total	$_____ .

B. Federal Tax Deduction

Gross Annual Income $_____ .
    less 1/2 self employment (FICA) tax   <_____>
    less federal adjustments to income   <_____>
    less____ personal exemptions   <_____>
    less standard deduction   <_____>
Net taxable income - federal $_____ .
Federal Tax liability (from tax table)   <_____>

C. State Tax Deduction

Gross <u>Annual</u> Income $_____ .
    less 1/2 self employment (FICA) tax   <_____>
    less state adjustments to income   <_____>
    less federal liability   <_____>
    less state standard deduction   <_____>
Net taxable income - state $_____ .
State Tax Liability (from tax table) less ___ credits   <_____>

D. Social Security Tax Deduction
<u>Annual</u> earned income $_____ .
Application Rate (7.65% or 15.3%, as adjusted)   X_____%
Annual Social Security Tax Liability   <_____>

E. Other Deductions (<u>Annual</u>)
1) Union Dues   <_____>
2) Mandatory Pension   <_____>
3) Medical Insurance Premiums ($_____ /month for _____dependents)   <_____>
4) Affiant's medical insurance/expenses (up to $300)   <_____>
5) Prior child support obligations   <_____>
6) Spousal support obligations   <_____>
7) Deductions for additional qualified dependents (from tables)   <_____>
8) Child care expenses (present action) $_____ .
       less fed. & state credits   <_____>
   Net child care expenses   <_____>

Net <u>Annual</u> Income $_____ .

Average <u>Monthly Income</u> (Respondent) $_____ .

III. CALCULATION OF THE GUIDELINE AMOUNT OF SUPPORT

A. Custodial parent's net monthly income $\underline{\hspace{2cm}}$.

   Noncustodial parent's net monthly income $\underline{\hspace{2cm}}$.

B. Number of children for whom support is sought $\underline{\hspace{2cm}}$

   Guideline Percentage   x $\underline{\hspace{2cm}}$ %

C. Guideline amount of child support $\underline{\hspace{2cm}}$.

IV. SPECIAL FINDINGS

A. Income imputed to Petitioner / Respondent: $\underline{\hspace{2cm}}$

   $\underline{\hspace{8cm}}$

   $\underline{\hspace{8cm}}$

B. Estimated income of Petitioner / Respondent: $\underline{\hspace{2cm}}$

   $\underline{\hspace{8cm}}$

   $\underline{\hspace{8cm}}$

C. Deviations made from Child Support Guidelines: $\underline{\hspace{2cm}}$ <$\underline{\hspace{2cm}}$>

   $\underline{\hspace{8cm}}$

   $\underline{\hspace{8cm}}$

D. Requested Child Support $\underline{\hspace{2cm}}$. per month

STATE OF IOWA, COUNTY OF   : ss:

   I, $\underline{\hspace{4cm}}$, do hereby swear or affirm that the foregoing statement is true,
complete and correct as I verily believe from all information available to me at this time.

Date: $\underline{\hspace{5cm}}$ $\underline{\hspace{6cm}}$
                                                     (Petitioner / Respondent)

   The undersigned attorney for the (Petitioner / Respondent) hereby certifies that the foregoing Child
Support Guideline Worksheets were prepared by me or at my direction in good faith reliance upon
information available to me at this time.

Date: $\underline{\hspace{5cm}}$ $\underline{\hspace{6cm}}$
                                                     (Attorney for Petitioner / Respondent)