

In the Court of Common Pleas of WESTMORELAND County, Pennsylvania

DOMESTIC RELATIONS SECTION

Phone: (724) 830-3200

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Plaintiff Name:
Defendant Name:
Docket Number:
PACSES Case Number:
Other State ID Number:
Please note: All correspondence must include the PACSES Case Number.

Income and Expense Statement

THIS FORM MUST BE FILLED OUT

(If you are self-employed or if you are salaried by a business of which you are owner in whole or part, you must also fill out the Supplemental Income Statement which appears on page two of this income and expense statement.)

INCOME STATEMENT OF

Section I: Income and Insurance

INCOME:

Employer
Address
Type of Work
Payroll No. Gross Pay per Pay Period \$ Pay Period (wkly., bi-wkly., etc.)

Itemized Payroll Deductions:

Federal Withholding	\$	Social Security	\$	Local Wage Tax	\$
State Income Tax	\$	Retirement	\$	Savings Bonds	\$
Credit Union	\$	Life Insurance	\$	Health Insurance	\$
Other Deductions (specify)	\$		\$		\$
			\$		\$

Net Pay per Pay Period \$

OTHER INCOME	(Fill in Appropriate Column)		
	WEEK	MONTH	YEAR
Interest	\$	\$	\$
Dividends			
Pension			
Annuity			
Social Security			
Rents			
Royalties			
Expense Account			
Gifts			
Unemployment			
Workmen's Compensation			
Other			
Other			
TOTAL	\$	\$	\$
TOTAL INCOME	\$ (monthly)		

PROPERTY OWNED	DESCRIPTION	VALUE	Ownership *		
			H	W	J
Checking Accounts		\$			
Savings Accounts					
Credit Union					
Stocks/Bonds					
Real Estate					
Other					
TOTAL		\$			

* H = Husband; W = Wife; J = Joint

Service Type

INSURANCE	COMPANY	POLICY#	Coverage *		
			H	W	C
<u>Hospital</u>					
Blue Cross					
Other					
<u>Medical</u>					
Blue Shield					
Other					
Health/Accident					
Disability Income					
Dental					
Other					

* H = Husband; W = Wife; C = Child

Section II: Supplemental Income Statement

- a. This form is to be filled out by a person
 - (1) who operates a business or practices a profession, or
 - (2) who is a member of a partnership or joint venture, or
 - (3) who is a shareholder in and is salaried by a closed corporation or similar entity.

- b. Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, profession, corporation or similar entity:
 - (1) the most recent Federal Income Tax Return, and
 - (2) the most recent Profit and Loss Statement

- c. Name of business:

Address and telephone number:

- d. Nature of business (check one)
 - (1) partnership
 - (2) joint venture
 - (3) profession
 - (4) closed corporation
 - (5) other

- e. Name of accountant, controller or other person in charge of financial records:

- f. Annual income from business: \$
 - (1) How often is income received?
 - (2) Gross income per pay period: \$
 - (3) Net income per pay period: \$
 - (4) Specified deductions, if any:

Section III: Expenses

Instructions: Only show extraordinary expenses in this section unless you filled out Section II on page two. The categories in **BOLD FONT** are especially important for calculating child support. If you are requesting Spousal Support/APL or if you assert your case cannot be determined according to the guideline grids or formula, this section must be fully completed.

EXPENSES	(Fill in Appropriate Column)		
	WEEK	MONTH	YEAR
<u>Home</u>			
Mortgage/Rent	\$	\$	\$
Maintenance			
<u>Utilities</u>			
Electric	\$	\$	\$
Gas			
Oil			
Telephone			
Water			
Sewer			
<u>Employment</u>			
Public Transport.	\$	\$	\$
Lunch			
<u>Taxes</u>			
Real estate	\$	\$	\$
Personal Property			
<u>Insurance</u>			
Homeowner's	\$	\$	\$
Automobile			
Life			
Accident			
Health			
Other			
<u>Automobile</u>			
Payments	\$	\$	\$
Fuel			
Repairs			
<u>Medical</u>			
Doctor	\$	\$	\$
Dentist			
Orthodontist			
Hospital			
Medicine			
Special needs (glasses, braces, orthopedic devices)			

EXPENSES	(Fill in appropriate Column)		
	WEEK	MONTH	YEAR
<u>Education</u>			
Private School	\$	\$	\$
Parochial School			
College			
Religious			
<u>Personal</u>			
Clothing	\$	\$	\$
Food			
Barber/Hairdresser			
Credit Payments			
Credit Card			
Charge			
Memberships			
<u>Loans</u>			
Credit Union	\$	\$	\$
<u>Miscellaneous</u>			
Household Help	\$	\$	\$
Child Care			
Papers/books			
Magazines			
Entertainment			
Pay TV			
Vacation			
Gifts			
Legal fees			
Charitable Contributions			
Other Child Support			
Alimony Payments			
<u>Other</u>			
	\$	\$	\$

Total Expenses:	WEEK	MONTH	YEAR
	\$	\$	\$

I verify that the statements made in this Income and Expense Statement are true and correct. I understand that false statements herein are subject to the criminal penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Date _____ Plaintiff or Defendant