## WASHINGTON STATE CHILD SUPPORT SCHEDULE WORKSHEETS

Proposed by [ X ] MICHELLE ZOBAMA


| Part II: Basic Child Support Obligation (See Instructions, page 7) | Father | Mother |
| :---: | :---: | :---: |
| 7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5) | \$1,559.37 | \$1,827.63 |
| 8. Calculating low income limitations: Fill in only those that apply. |  |  |
| Self-Support Reserve: (125\% of the Federal Poverty Guideline) | \$1,197.00 |  |
| a. Is Combined Net Income Less than $\$ 1,000$ ? If yes, for each parent enter the presumptive $\$ 50$ per child. | \$0.00 | \$0.00 |
| b. Is Monthly Net Income Less Than Self-support Reserve? If yes, for that parent enter the presumptive $\$ 50$ per child. | \$0.00 | \$0.00 |
| 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 , enter that amount or the presumptive $\$ 50$ per child, whichever is greater | \$0.00 | \$0.00 |
| 9. Each parent's basic support obligation after calculating applicable limitations. For each parent enter the lowest amount from line $7,8 \mathrm{a}-8 \mathrm{c}$. but not less than the presumptive $\$ 50$ per child. | \$1,559.37 | \$1,827.63 |
| 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) | \$0.00 | \$0.00 |
| b. Uninsured Monthly Health Care Expenses Paid for Child(ren) | \$0.00 | \$0.00 |
| c. Total Monthy Health Care Expenses (line 10a plus line 10b) | \$0.00 | \$0.00 |
| d. Combined Monthly Health Care Expenses (add parents's totals from line 10c) | \$0.00 |  |
| 11. Day Care and Special Child Rearing Expenses |  |  |
| a. Day Care Expenses | \$0.00 | \$0.00 |
| b. Education Expenses | \$0.00 | \$0.00 |
| c. Long Distance Transportation Expenses | \$0.00 | \$0.00 |
| d. Other Special Expenses (describe) | \$0.00 | \$0.00 |
| e. Total Day Care and Special Expenses (add lines 11a through 11d) | \$0.00 | \$0.00 |
| 12. Combined Monthly Total of Day Care and Special Expenses (add parent's day care and special expenses from line 11e) | \$0.00 |  |
| 13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12) | \$0.00 |  |
| 14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13) | \$0.00 | \$0.00 |
| Part IV: Gross Child Support Obligation |  |  |
| 15. Gross Child Support Obligation (line 9 plus line 14) | \$1,559.37 | \$1,827.63 |
| Part V: Child Support Credits (See instructions, page 9) |  |  |
| 16. Child Support Credits <br> a. Monthly Health Care Expenses Credit <br> b. Day Care and Special Expenses Credit | $\$ 0.00$ $\$ 0.00$ | $\$ 0.00$ $\$ 0.00$ |

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| 22. Other Household Income (continued) | Father's Household | Mother's Household |
| :---: | :---: | :---: |
| e. Income From Child Support <br> Name test66 <br> Name test68 | \$192.00 | \$232.00 |
| f. Income From Assistance Programs <br> Program test72 <br> Program test74 | \$368.00 | \$165.00 |
| g. Other Income (describe) <br> test78 <br> test80 | \$15.00 | \$398.00 |
| 23. Non-Recurring Income (describe) <br> test84 <br> test86 | \$83.00 | \$112.00 |
| 24. Child Support Owed Monthly, for Biological or Legal Child(ren) |  |  |
| 25. Other Children Living In Each Household (First names and ages) | test97 test98 | test99 test100 |
| 26. Other Factors For Consideration <br> Residential schedule: The court may deviate from the standard calculation if the child spends a significant amount of time with the pa obligated to make a support transfer payment. The court may not deva if the deviation will result in insufficient funds in the household receivi meet the basic needs of the child or if the child is receiving temporary needy families. When determining the amount of the deviation, the cour evidence concerning the increased expenses to a parent making sup payments resulting from the significant amount of time spent with that consider the decreased expenses, if any, to the party receiving the su from the significant amount of time the child spends with the parent max transfer payment. <br> Wages and Salary (1a) (WSCSS) <br> Other Income (1e) (WSCSS) <br> Real Estate (16a) (WSCSS)test | asis <br> to <br> ider <br> all <br> port |  |

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Other Factors For Consideration (continued)
Disputed income amount ( 3.1 g ) - Addendum to rilach additional pages as necessary)
(1a) Wages and Salary (WSCSS)

## 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 |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  | City |  | Dather's signature |  |

Judge/Reviewing Officer
Date
This worksheet has been certified by the State of Washington Administrative Office of the Courts.
Photocopying of the worksheet is permitted.
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SUMMARY OF WORKSHEET q1-19 AND TRANSFER PAYMENT TTEMZATION


Variation THIRD CHILD
Mother MICHELLE ZOBAMA
BROOKE
MICHELLE

| 1a Wages | 7,456.00 | 9,000.00 |
| :---: | :---: | :---: |
| 1b Interest and Dividend Income | 0.00 | 0.00 |
| 1c Business Income | 0.00 | 0.00 |
| 1d Maintenance Received | 0.00 | 0.00 |
| 1e Other Income | 0.00 | 0.00 |
| 1f Imputed Income | 0.00 | 0.00 |
| 1 g Gross Income | 7,456.00 | 9,000.00 |
| 2a Federal Income Tax: 2013 tax table | 850.08 | 1,236.58 |
| Brooke-Married, 1 exem, 0 ch credits |  |  |
| Michelle-Married, 1 exem, 0 ch credits |  |  |
| 2a State Income Tax | 0.00 | 0.00 |
| 2b FICA | 570.38 | 688.50 |
| 2c State Industrial | 0.00 | 0.00 |
| 2d Union Dues | 0.00 | 0.00 |
| 2e Pension Payments | 0.00 | 0.00 |
| 2 f Retirement Contributions | 0.00 | 0.00 |
| 2g Maintenance Paid | 0.00 | 0.00 |
| 2h Business Expenses | 0.00 | 0.00 |
| 2i Deductions | 1,420.46 | 1,925.08 |
| 3 Net Income | 6,035.54 | 7,074.92 |
| 4 Combined Net Income | 13,110.46 |  |
| 5 Basic Support - presumptive | 3,387.00 |  |
| 6 Proportional Share of Income | 46.04\% | 53.96\% |
| 7 Net Income Support | 1,559.37 | 1,827.63 |
| 8a Minimum Income Support | 0.00 | 0.00 |
| 8b SSR Support | 0.00 | 0.00 |
| 8c Net Income - SSR Support | 0.00 | 0.00 |
| 9 Lowest of 7 or 8a-8c | 1,559.37 | 1,827.63 |
| 10a Health Insurance | 0.00 | 0.00 |
| 10b Uninsured Health Expenses | 0.00 | 0.00 |
| 10c Total Health Expenses | 0.00 | 0.00 |
| 10d Combined Health Expenses | 0.00 |  |
| 11a Day Care Expenses | 0.00 | 0.00 |
| 11b Education Expenses | 0.00 | 0.00 |
| 11c Transportation Expenses | 0.00 | 0.00 |
| 11d Other Special Expenses | 0.00 | 0.00 |
| 11e Total Day Care and Special Expenses | 0.00 | 0.00 |
| 12 Combined Day Care and Special Expenses | 0.00 |  |
| 13 Total Expenses | 0.00 |  |
| 14 Parent's Share Total Expenses | 0.00 | 0.00 |
| 15 Gross Child Support Obligation | 1,559.37 | 1,827.63 |
| 16d Support Credits | 0.00 | 0.00 |
| 17 Standard Calculation | 1,559.37 | 1,827.63 |
| 18 45\% Support Limitation | 2,715.99 | 3,183.71 |
| Lower of 17 or 18 | 1,559.37 | 1,827.63 |
| 19.25\% of each parent's basic support obligation | 389.84 | 456.91 |



Variation THIRD CHILD
Mother MICHELLE ZOBAMA
BROOKE
MICHELLE

| C. TRANSFER PAYMENT FOR J ONNA - AGE 9 |  |  |
| :--- | :---: | :---: |
| MICHELLE |  |  |
| Support from economic table | 448.89 |  |
| Health Insurance Expenses | 0.00 |  |
| Uninsured Health Expenses | 0.00 |  |
| Day Care Expenses | 0.00 |  |
| Education Expenses | 0.00 |  |
| Transportation Expenses | 0.00 |  |
| Special Expenses | 0.00 |  |
| Health Credits | 0.00 |  |
| Day Care Credits | 0.00 |  |
| Other Credits | 0.00 |  |
| Transfer payment | 448.89 |  |
| TRANSFER PAYMENTS WTTH DEVIATIONS - BROOKE PAYS | $1,559.37$ |  |

## CHILD SUPPORT, TRANSFER PAYMENT AND DEVATION ANALYSIS

Client
Father
Zobama

Mother
Variation

Brooke Zobama
Michelle Zobama
Third Child

County KING
Number 445353
(last edited June 25, 2013 9:41AM)

BROOKE

1. Brooke net income $=\$ 6,035.54$, Michelle net income $=\$ 7,074.92$. 3 child family with combined net income of $\$ 13,110.46$ and expenses of $\$ 0.00$.
2. Economic Table: under 12 support $=\$ 975.00$, over 11 support $=\$ 1,206.00$.
3. Parent's support and expense percent (parent's percent of combined net income): Brooke = 46.04\%, Michelle $=53.96 \%$
4. Child and parent ages calculated as of June 25, 2013

The formulas below represent the standard support for each child. The standard support for each child equals the non-custodial parent's percent of combined net income times, the sum of the basic per child support plus the per child expenses; minus the per child credit. The per child credit equals the non-custodial parent's total credits divided by the total number of children.

| J enna [Age 13, Support \$1,206.00, Michelle custody] <br> Brooke $=(46.04 \%$ * $\$ 1,206.00)$ | \$555.24 |  |
| :---: | :---: | :---: |
| Bubba [Age 13, Support \$1,206.00, Michelle custody] <br> Brooke $=(46.04 \%$ * $\$ 1,206.00)$ | \$555.24 |  |
| J onna [Age 9, Support \$975.00, Michelle custody] <br> Brooke $=(46.04 \%$ * \$975.00) | \$448.89 |  |
| STANDARD SUPPORT OBLIGATION | \$1,559.37 | \$0.00 |
| WHOLE FAMILY ADJ USTMENTS | \$0.00 | \$0.00 |
| RESIDENTIAL CREDIT ADJ USTMENTS | \$0.00 | \$0.00 |
| ADJ USTED SUPPORT | \$1,559.37 | \$0.00 |

FORMULAS USED FOR CALCULATIONS

Client Father
Mother Variation

Zobama Brooke Zobama
Michelle Zobama
Third Child

County KING
Number 445353
(last edited June 25, 2013 9:41AM)

PARENT'S NET SUPPORT FOR CHILD =
JC $X$ Percent of net income $X\left(\right.$ Support from economic table $\left.+\frac{\text { Total expenses }}{\text { NOC }}\right)-\frac{\text { Parent's credits }}{\text { NOC }}-$ OVCR
OVCR = overnight credit; OVCR is zero when there is joint custody of the child
NOC = number of children
JC $=0.5$ in joint custody situations, 1 in non-joint custody situations.
PARENT'S WHOLE FAMILY NET SUPPORT FOR A CHILD =
Parent's net support for a child - Percent of net income X (SFET - WFSFET )
SFET = Per child support from economic support table for family size equal to the number of children from this relationship WFSFET = Per child support from economic table for family size equal to total number of children that parent is supporting

WHOLE FAMILY BASIC SUPPORT FOR FAMILY WITH MORE THAN FIVE CHILDREN =

# $$
X\left(\frac{5 \text { child support from economic table }}{4 \text { child support from economic table }}\right)^{(\text {Total number of children }-5)}
$$ <br> METHOD ONE FOR CALCULATION OF RESIDENTIAL CREDIT <br> Residential Credit $=$ (Support for Child -Standard Expenses) X Spouse's Percent of Net Income X OVP <br> <br> WHERE: 

 <br> <br> WHERE:}

Standard Expenses $=$ lesser of Maximum Health Care or Combined Health Expenses
OVP $=\quad$ Number of Overnights with Parent - Threshold Overnights 182.5

## METHOD TWO FOR CALCULATION OF RESIDENTIAL CREDIT USING WORKSHEET

Residential Credit $=($ Worksheet Expenses Incurred + Worksheet Expenses Saved) X OVP
Number of non-residential children for overnights with parent
$\mathrm{OVP}=$
Number of Overnights with Parent - Threshold Overnights
182.5

OVP=1, when you choose not to take into account the actual number of overnights.

FORMULA EXPLANATIONS

| Client | Zobama | County KING |
| :--- | :--- | :--- |
| Father | Brooke Zobama | Number 445353 |
| Mother | Michelle Zobama | (last edited June 25, 2013 9:41AM) |
| Variation | Third Child |  |

FEDERAL INCOME TAX calculations are based upon the Tax Tables published by the IRS
(tax status for Brooke is Married, 1 exemptions; 2013 tax tables)
(tax status for Michelle is Married, 1 exemptions; 2013 tax tables)

SHARED CUSTODY uses the basic child support amount and then deviates from that amount based upon the amount of residential time spent with the obligor parent, see STATE EX REL. M.M.G. v. GRAHAM, 123 Wn. App. 931 (2004).

RESIDENTIAL CREDIT is calculated by adding the expenses saved by the residential parent to the expenses incurred by the non-residential parent and dividing that amount by the number of children having overnights with the non-residential parent times a percent that is equal to the number of overnights exceeding 90 divided by

