FORM NUMBER 14 CHILD SUPPORT AMOUNT CALCULATION WORKSHEET

IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

In re the Matter of _____ v _____

DIVISION/COURT ROOM _____ CASE NUMBER _____

☐ Respondent / ☐ Petitioner is the "Parent Paying Support"

Total Number of Children: _____

CHILD SUPPORT CALCULATIONS	PERSON RECEIVING SUPPORT	PARENT PAYING SUPPORT	COMBINED
1. **MONTHLY GROSS INCOME**			
1a. Monthly court-ordered maintenance being received			
2. **ADJUSTMENTS**			
2a. Other monthly child support pursuant to court or administrative order			
2b. Monthly court-ordered maintenance being paid			
2c. Monthly support obligation for other children			
(1) Number of other children primarily residing in each parent's custody			
(2) Each parent's support obligation from support schedule using the parent's Line 1 monthly gross income			
(3) Monthly child support received under court or administrative order for children included in line 2c(1)			
2c. TOTAL adjustment [Line 2c(2) minus Line 2c(3)]			
3. **ADJUSTED MONTHLY GROSS INCOME** (sum of lines 1 and 1a, minus lines 2a, 2b and 2c)			
4. **PROPORTIONATE SHARE OF COMBINED ADJUSTED MONTHLY GROSS INCOME** (Each parent's line 3 income divided by combined line 3 income)			
5. **BASIC CHILD SUPPORT AMOUNT** (From support chart using combined line 3 income)			

CHILD SUPPORT CALCULATIONS	PERSON RECEIVING SUPPORT	PARENT PAYING SUPPORT	COMBINED
6. **ADDITIONAL CHILD-REARING COSTS OF CHILDREN SUBJECT TO THIS ORDER**			
6a. Child Care Costs of Parent Receiving Support			
(1) Reasonable work-related child care costs of the parent receiving support			
(2) Child Care Tax Credit (**See Form 14 Directions**)			
6a. TOTAL adjusted Child Care Costs [Line 6a(1) minus Line 6a(2)]			
6b. Reasonable work-related child care costs of the parent paying support			
6c. Health insurance costs for the children who are subjects of this proceeding			
6d. Uninsured agreed-upon or court-ordered extraordinary medical costs			
6e. Other agreed-upon or court-ordered extraordinary child-rearing costs			
7. **TOTAL ADDITIONAL CHILD-REARING COSTS** (Enter sum of lines 6a, 6b, 6c, 6d and 6e)			
8. **TOTAL COMBINED CHILD SUPPORT COSTS** (Sum of line 5 and line 7)			
9. **EACH PARENT'S SUPPORT OBLIGATION** (Multiply line 8 by each parent's line 4)			
10. **CREDIT FOR ADDITIONAL CHILD-REARING COSTS** (Line 7 of parent paying support)			
11. **ADJUSTMENT FOR A PORTION OF AMOUNTS EXPENDED BY THE PARENT OBLIGATED TO PAY SUPPORT DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY** (**See Form 14 Directions**) (Multiply line 5 by _____ %)			
12. **PRESUMED CHILD SUPPORT AMOUNT** (Line 9 minus lines 10 and 11)			