# ANSWER TO MOTION TO MODIFY CHILD SUPPORT

# FORMS

Do not file this document with the court.

#### ANSWER TO MOTION TO MODIFY CHILD SUPPORT FORMS

(These forms shall be used by a person answering a Motion to Modify Child Support.)

#### Introduction

These forms are available to you at no cost on the Representing Yourself website. Some courts may provide paper copies of these forms for a fee. Only a lawyer may charge you a fee for preparing these forms. You are required to complete the Litigant Awareness Program on selfrepresent.mo.gov before preparing these forms. Your local court may also have other educational programs available to help you in the preparation of these forms.

#### **General Information about Forms**

The forms must be downloaded with Adobe Acrobat Reader or Adobe Acrobat DC to save the information you enter. Adobe Acrobat Reader DC is available for free from the Adobe website. Save the forms before you begin entering information. After you have filled in the forms on your computer, save the information and print the forms to file them with the court.

If you are working on a public computer, **don't save your personal information on the public computer**. Use a USB memory stick or other removable device.

The forms listed below are interactive. If you fill in the forms on your computer, some of the information you enter on one line may automatically transfer to another line. The forms also contain bookmarks that help you to navigate through the forms. In addition, there are "links" embedded in the forms. These links are usually blue and can take you to a related location in the forms or to a related website.

Most documents that are filed with the court can be seen by anyone online. Some information on documents is considered confidential and **must** be removed or hidden.

# ► If you are filing a document with the court YOU must be aware of what information is considered confidential.

#### What is confidential information?

Confidential information often used in family court matters can include information listed in Court Operating Rule 2.02(c). This is not a complete list. If you are filing attachments to any forms from this website, confidential information might be on those documents also.

# ► YOU are responsible for <u>redacting</u> (removing) information you are filing with the court that is confidential.

#### How do I remove information?

Redact means to remove or hide information listed on a document before you file it with the court. Below are two ways you can redact confidential information:

**Option One** 

- 1) Fill out your documents completely (including confidential information).
- 2) Make a copy of all documents that have confidential information.
- 3) Go through the **<u>copied</u>** documents and black out or white out any confidential information.

Option Two

1) Fill out your documents using generic descriptions for any confidential information you do not want to provide. For example, use initials or "Child One" instead of the full name of a child.

If you remove any information, you are required to show the court what you removed when you complete the *Confidential Case Filing Information Sheet* (FI10). Do not redact the *Confidential Case Filing Information Sheet* (FI10) or the *Redaction Certification* form (GN320).

#### ► YOU must confirm you have followed the rules for redaction.

#### How do I do this?

After you have done option one or two above, confirm you have followed the rules by filling out the *Redaction Certification* form (GN320). You have to fill out this form even if you did not remove any information.

► YOU must file with the court all unredacted <u>and</u> redacted documents and the *Redaction Certification* form (GN320).

► IF you think SOMEONE HAS NOT CORRECTLY REDACTED INFORMATION, file the *Motion to Correct Redaction* form (GN325) to bring it to the attention of the court. The form is available from the Home page of this website under Approved Court Forms.

The person who filed the original petition in the case you want to change is the Petitioner. The person who was listed as the Respondent in the original petition in the case you want to change is still the Respondent in the Motion to Modify.

#### What do I need to do?

- 1. <u>Complete</u> the Litigant Awareness Program on selfrepresent.mo.gov. Upon completion, print your Certificate of completion of the Litigant Awareness Program.
- 2. <u>Completely and fully</u> fill out the following forms.
  - Confidential Case Filing Information Sheet (Form FI-10)
     This form is required by most courts to enter the information about your case into the court's computer system.
  - Redaction Certification (Form GN320) The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Court Operating Rule 2.
  - Answer to Motion to Modify Child Support (Form CAFC112-R)
     A Form 14, used to calculate the presumed amount of child support, is included with this form.
     Directions for using the Form 14 are available at https://www.courts.mo.gov/file.jsp?id=114614.
  - 4. Statement of Income and Expenses (For use in Modification Cases) (Form CAFC150) This form requires you to list income and expenses for both you and the other parent.
  - 5. Statement of Property and Debt (For use in Modification Cases) (Form CAFC140) This form requires you to list your property and debt.

3. <u>File</u> the following signed forms with the court. **As shown below, you may need to file more than one copy of certain forms.** You should file the forms in <u>the same circuit court where the original</u> <u>Judgment was entered</u>.

	Original	Redacted Version (if applicable)
Confidential Case Filing Information Sheet	х	
Redaction Certification	х	
Answer to Motion to Modify Child Support	х	Х
Statement of Income and Expenses (For use	Х	Х
in Modification Cases)		
Statement of Property and Debt (For use in	х	X
Modification Cases)		
Certificate of completion of Litigant Awareness	х	
Program		

You must send a copy of these forms, except the Confidential Case Filing Information Sheet, to the other parent.

- 4. You should also keep a copy of these forms for your records.
- 5. You should check with the court clerk where you are filing to see if additional forms are required.

Case Number (For Court Use Only)

Confidential Case F	*FOR COURT USE ONLY** iling Information Sheet – Domestic Relations Cases I at Time of Filing Petition and with an Answer
Filing Date:	_ County/City of St. Louis:
Style of Case:	
(i.e., Petitioner v. Respondent.)	
Case Type Code: Case	e Type Description:
Petitioner Information:	
Party Type Code and Description: (S A list of party types can be found at	Select one) www.courts.mo.gov on the Court Forms/Filing Information page.
<b><u>PETP</u></b> Party Type Description	: <u>Petitioner Acting Pro Se (with no attorney)</u>
	n: <u>Petitioner (with attorney)</u>
Party Type Description	n:
Name: (Last)	(First)
(Middle)	(Suffix)
Address:	
	State: Zip:
Contact Telephone Number:	
Email Address:	
Date of Birth:	Sex: Male Female SSN:
	nore) American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander White Eastern or North African (MENA) Other Unknown
Race & Ethnicity Source: (Select on Law Enforcement Ja	
Race & Ethnicity is Self-identified	observed/perceived. (Select one)
Attorney Name (if represented by co	ounsel):
Bar ID: Party Ty	pe Code:

## **Respondent Information:**

Party Type Code and Description: (Select one) A list of party types can be found at www.courts.mo.gov on the Court Forms/Filing Info	ormation page.
<b>RESP</b> Party Type Description: <u>Respondent Acting Pro Se (with no attorney)</u>	1 0
<b>RES</b> Party Type Description: <u>Respondent (with attorney)</u>	
Party Type Description:	
Name: (Last) (First)	
(Middle) (Suffix)	
Address:	
City: State: Zip:	
Contact Telephone Number:	
Email Address:	
Date of Birth: Sex:  Male Female SSN:	
Race and Ethnicity: (Select one or more)          American Indian or Alaska Native          Black or African American          Native Hawaiian or other Pacific Islander          Hispanic or Latino          Middle Eastern or North African (MENA)	<b>—</b>
Race & Ethnicity Source: (Select one)       Petitioner       Respondent       C         Law Enforcement       Jail       Department of Corrections/Probation an         Another State Agency       Driver's License       Unknown	
Race & Ethnicity is Self-identified Select one)	
Attorney Name (if represented by counsel):	
Bar ID: Party Type Code:	
Additional Parties:	
Party Type Code: Party Type Description:	
Name: (Last) (First)	
(Middle) (Suffix)	
Organization (if non-person):	
Address:	
City: State: Zip:	
Contact Telephone Number:	
Email Address:	

Case Number (For Court Use Only) \_

Race and Ethnicity: (Select one or more)       American Indian or Alaska Native       Asian         Black or African American       Native Hawaiian or other Pacific Islander       White         Hispanic or Latino       Middle Eastern or North African (MENA)       Other       Unknown
Race & Ethnicity Source: (Select one)       Petitioner       Respondent       Court         Law Enforcement       Jail       Department of Corrections/Probation and Parole         Another State Agency       Driver's License       Unknown
Race & Ethnicity is observed/perceived.
Attorney Name (if represented by counsel): Bar ID: Party Type Code:
Party Type Code: Party Type Description:
Name: (Last) (First)
(Middle) (Suffix)
Organization (if non-person):
Address:
City: State: Zip:
Contact Telephone Number:
Email Address:
Date of Birth:         Sex:         Male         Female         SSN:
Race and Ethnicity: (Select one or more)       American Indian or Alaska Native       Asian         Black or African American       Native Hawaiian or other Pacific Islander       White         Hispanic or Latino       Middle Eastern or North African (MENA)       Other       Unknown
Race & Ethnicity Source: (Select one)       Petitioner       Respondent       Court         Law Enforcement       Jail       Department of Corrections/Probation and Parole         Another State Agency       Driver's License       Unknown
Race & Ethnicity is observed/perceived.
Attorney Name (if represented by counsel):
Bar ID: Party Type Code:

Check if more than four parties and attach additional sheet.

Case Number (For Court Use Only)

## Employer Information:

Petitioner Employer Name:		
Employer Address:		
		Zip:
Contact Telephone Number:		
Email Address:		
Respondent Employer Name:		
Employer Address:		
City:	State:	Zip:
Contact Telephone Number:		
Email Address:		
The following information regarding the action of this case. Children:	ng children is required. Complete	this section for any child subject to
Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
Name:		
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:
SJRC (09-24) FI-10	4 of 5	

Name:				
Date of Birth:		SSN:		
Name:				
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:		
Name:				
Date of Birth:	Sex: 🗌 Male 🗌 Female	SSN:		
Check if more than ten children	and attach additional sheet			
	Instructions			
<ul> <li>Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)</li> </ul>				
✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.				
<b>NOTE:</b> If known, the <b>full</b> Social Security Number (SSN) is <i>required</i> pursuant to section 509.520, RSMo. This is a confidential document due to the SSN and possible confidential addresses. This information is used to open a case in the courts case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.				
Submitted by: Address: (if not shown above):		ed if attorney):		
		tate:Zip:		
*IMPORTANT: It is the parties' res employment.*	ponsibility to keep the court inf	ormed of any change of address or		
	Instructions to Clerk			

This document must be saved in the case management system with a document security level of 6 making this a sealed document.



^		
Name:	Case Number:	
Address:	Case Type:	
	Style of Case:	
Document Filed:		
		(Date File Stamp)

## **Redaction Certification**

## The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Rules 19.10, 55.025, or 84.015.

#### COR 2.02

The responsibility for redacting confidential information rests solely with the counsel, parties, or any other person filing the document. Courts will not review each case document to ensure compliance and will not refuse to accept or file a document on that basis.

On and after the Expanded Remote Access Implementation Date: July 1, 2023

- 1. All redactions shall be done in a manner that makes it clear that information has been redacted. If necessary to reference the redacted information in a redacted document, filers shall use generic descriptors.
- 2. When a filer redacts information from a document offered for filing in any court, the filer also must file a confidential redacted information filing sheet that either:
  - has the unredacted version of the document attached; or
  - sets out the information redacted from the document with an explanation referencing where the information was redacted from in the document or the generic descriptors used in the document to reference the redacted information.
- 3. All filers shall affirmatively certify compliance with the redaction requirements in Rules 19.10, 55.025, and 84.015 when a document is filed. This certification shall be accomplished through an automated process implemented in the electronic filing system for its authorized users or, for filers who are not authorized users of the electronic filing system, by a paper form attached to the document or on the document itself.
- 4. When a motion is filed alleging a document filed with the court contains insufficiently redacted confidential information, the clerk shall raise the document's security level to a confidential setting. The court shall dispose of the motion within 30 days. If the court determines the document is sufficiently redacted, the clerk shall reset the document's security level to allow for proper public access.

#### I HAVE READ AND UNDERSTAND THE ABOVE.

Date

Filer's Signature

#### IN THE CIRCUIT COURT OF

## , MISSOURI

(County where court is located. City of Saint Louis is considered a county.)

	t Name) itioner, (Enter	(Middle Name) full legal name of the	(Last Name) person who filed the orig	(Jr./Sr./III)	Case Number (Use number on Motion)
v.					Division (MO.
•		(Middle Name) ter full legal name of th ginal petition)	(Last Name) he person who responde	(Jr./Sr./III) ed to the	Division Number
		Answer	to Motion to M	odify Chilo	l Support
1.	My name is:				
		(First Name)	(Middle Name)	(Last Name)	(Jr./Sr./III)
2.	myself to the authorized by	jurisdiction of this y law, including or	court, and the cour	t may enter su support. To as	g this pleading, I am subjecting ich orders and judgments as are sk the court to change both custody <i>Support</i> .
3.			other parent stated ons herein <b>except</b> t		to Modify Child Support and
			d will be deemed admitte e case is presented to the		ot have the opportunity to
		R			
		SAVAIL			
4.	Check one o	f the two boxes.			
4.	_		support requested	in the <i>Motion</i> .	
X	I disagree	e with the changes ant the court to ma m 14 filed by the c	in support requester intain the support o other parent with the	ed in the <i>Motic</i> rders currently ir <i>Motion</i> and	on. (Check one of the two boxes) in place. I do <b>not</b> agree with the the child support amount requested this <i>Answer</i> as Exhibit
	🗌 l wa	ant the court to ord	ler support in the an	nount containe	ed in the Form 14 attached to this

Answer as Exhibit \_\_\_\_\_.

Unless you file your own motion to modify, the court may not be able to take any requests you may have for changes in the support orders into consideration.

#### 5. My mailing address is:

The address you provide is the address at which you will receive all mail from the court and the other parent regarding this case. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. If you do not wish to give the address at which you live, you **must** still give the court and the other parent a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

(Street)			07
(City)	(State)	(Zip)	10·
( ) (Telephone Number with Area C	ode) (E-mail Address - (	Optional)	
The last four numbers of m	y social security nur	nber are: XXX-XX-	

7. Check one of the three boxes.

6.

- I am not on active duty in the armed services of the United States of America.
  - I am on active duty in the armed services of the United States of America, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.
- □ I am on active duty in the armed services of the United States of America and I do **not** waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.
- 8. Do any of the children currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past? *(Check one of the two boxes)*

🗌 Yes 🗌 No

#### Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on \_\_\_\_\_\_ (date) I have sent/given a copy of this *Answer to Motion to Modify Child Support* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number
4 OF	
JS I	

#### Sign Below in the Presence of a Notary Public

, of lawful age, being duly sworn on his or her oath, states that he or she is the person named above and that the facts stated in the *Answer to Motion to Modify Child Support* are true according to his or her best knowledge, information and belief.

(Cian above in the procence of a Materia Dubli-)	
(Sign above in the presence of a Notary Public)	(Print your name above)
The following information must be completed by	a notary public.
	"O·
STATE OF) SS	ALL AND
COUNTY OF)	
On this day of	20 before the personally encoured
	, 20 , before me personally appeared , to me known to be the person described in and who
executed the foregoing instrument and acknowle	edged that he/she executed the same as his/her free act
and deed.	
	hy hand and affixed my official seal in the County and
State aforesaid, the day and year first above write	tten.
	Notary Public
	, Notary Public
My commission expires:	
My commission expires:	
Attorney Information	not enter any information here if you are filing this case without the
Attorney Information This information may be completed by your attorney. Do r assistance of an attorney.	not enter any information here if you are filing this case without the in the preparation of these pleadings, but I am not
Attorney Information This information may be completed by your attorney. Do r assistance of an attorney.	in the preparation of these pleadings, but I am not
Attorney Information This information may be completed by your attorney. Do r assistance of an attorney. I have assisted	in the preparation of these pleadings, but I am not
Attorney Information This information may be completed by your attorney. Do r assistance of an attorney. I have assisted entering my appearance on behalf of the per	in the preparation of these pleadings, but I am not son listed above.
Attorney Information         This information may be completed by your attorney. Do rassistance of an attorney.         I have assisted	in the preparation of these pleadings, but I am not son listed above.
Attorney Information         This information may be completed by your attorney. Do r assistance of an attorney.         I have assisted	in the preparation of these pleadings, but I am not son listed above. ( <i>Missouri Bar Number</i> )
Attorney Information         This information may be completed by your attorney. Do rassistance of an attorney.         I have assisted	in the preparation of these pleadings, but I am not rson listed above. ( <i>Missouri Bar Number</i> )

## FORM NO. 14 CHILD SUPPORT AMOUNT CALCULATION WORKSHEET

Respondent / Petitioner is the "Parent Paying Support"	PARENT RECEIVING	PARENT PAYING	COMBINED
Total Number of Children:	SUPPORT	SUPPORT	
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		1	
(2) Each parent's support obligation from support schedule using the parent's Line 1 monthly gross income		S	
(3) Monthly child support received under court or administrative order for children included in line 2c(1)	AX XX	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).	R		
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).			
6. ADDITIONAL CHILD-REARING COSTS OF PARENTS			
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).			

2020 Schedule of Basic Child Support Obligation Combined One Two Three Four Five								T		1									r								
2020	Schedu	le of Ba	asic Child	d Suppo	ort Oblig	ation	Combined	One	Two	Three	Four	Five	Six	Combined	One	Two	Three	Four	Five	Six	Combined	One	Two	Three	Four	Five	Six
							Adjusted Gross	Child	Children	Children	Children	Children	Children	Adjusted Gross	Child	Children	Children	Children	Children	Children	Adjusted Gross	Child	Children	Children	Children	Children	Children
Combined	One	Two	Three	Four	Five	Six	Income							Income							Income		6			1	
Adjusted	Child	Children	Children	Children	Children	Children	3950	731	1093	1313	1467	1613	1754	7150	1028	1543	1837	2052	2258	2454	10350	1282	1904	2244	2507	2757	2997
Gross							4000	738	1106	1328	1484	1632	1774	7200	1031	1546	1840	2055	2261	2457	10400	1286	1910	2252	2516	2767	3008
Income							4050	746	1119	1343	1500	1650	1794	7250	1033	1549	1842	2058	2264	2460	10450	1289	1915	2258	2522	2774	3015
0 - 1100	60	60	60	60	60	60	4100	754	1131	1358	1517	1669	1814	7300	1036	1552	1845	2060	2267	2464	10500	1292	1919	2262	2527	2780	3021
1150 1200	91 122	94 127	94 128	95 129	95 130	95 130	4150	762	1144	1373	1534	1687	1834	7350	1038	1555	1847	2063	2269	2467	10550	1295	1923	2267	2532	2785	3027
1250	153	161	162	164	164	165	4200	770	1157	1388	1551	1706	1854	7400	1041	1558	1849	2066	2272	2470	10600	1298	1927	2271	2537	2791	3034
1300	184	194	196	198	199	200	4250	777	1170	1404	1568	1725	1875	7450	1044	1561	1852	2069	2275	2473	10650	1301	1932	2276	2542	2796	3040
1350	215	228	230	233	234	235	4300 4350	785 793	1182 1195	1419 1434	1585 1601	1743 1762	1895 1915	7500 7550	1046 1049	1563 1566	1854 1857	2071 2074	2278 2281	2477 2480	10700 10750	1304 1307	1936 1940	2280 2285	2547 2552	2802 2807	3046 3052
1400	246	261	264	267	269	270	4350	800	1207	1434	1617	1779	1915	7600	1049	1569	1859	2074	2284	2480	10750	1310	1940	2285	2552	2813	3052
1450	277	295	298	302	303	305	4450	807	1218	1461	1632	1795	1954	7650	1054	1509	1862	2077	2287	2486	10850	1313	1944	2209	2562	2819	3064
1500	306	328	332	336	338	340	4500	814	1229	1474	1646	1811	1969	7700	1057	1575	1864	2082	2290	2490	10900	1316	1952	2298	2567	2824	3070
1550	315	362	366	371	373	375	4550	820	1238	1484	1658	1824	1983	7750	1059	1578	1866	2085	2293	2493	10950	1319	1956	2303	2572	2830	3076
1600	324	395	400	405	408	410	4600	825	1246	1494	1669	1836	1996	7800	1063	1583	1871	2090	2299	2499	11000	1322	1960	2307	2577	2835	3082
1650	333	429	434	440	442	445	4650	831	1254	1504	1680	1848	2009	7850	1066	1588	1876	2095	2305	2505	11050	1325	1965	2312	2583	2841	3088
1700 1750	342 350	462 496	468 502	474 509	477 512	480 515	4700	836	1263	1514	1691	1860	2022	7900	1070	1593	1881	2101	2311	2512	11100	1327	1969	2317	2588	2846	3094
1800	359	529	536	543	547	550	4750	842	1271	1523	1702	1872	2035	7950	1074	1597	1885	2106	2317	2518	11150	1330	1973	2321	2593	2852	3100
1850	368	561	570	578	581	585	4800	847	1279	1533	1712	1884	2048	8000	1077	1602	1890	2111	2323	2525	11200	1333	1977	2326	2598	2857	3106
1900	377	574	604	612	616	620	4850	853	1287	1543	1723	1896	2061	8050	1081	1607	1895	2117	2329	2531	11250	1336	1981	2330	2603	2863	3112
1950	386	587	638	647	651	655	4900 4950	858 864	1296 1304	1553 1562	1734 1745	1908 1920	2074 2087	8100	1084	1611	1900	2122	2334	2537	11300 11350	1339 1342	1985 1989	2335 2339	2608 2613	2869 2874	3118 3124
2000	394	600	672	681	686	690	4950 5000	864 869	1304	1562	1745	1920	2087	8150 8200	1088 1092	1616 1621	1905 1909	2128 2133	2340 2346	2544 2550	11350	1342	1989	2339	2613	2874	3124
2050	403	613	706	716	720	725	5050	875	1312	1582	1767	1932	2100	8200	1092	1625	1909	2133	2346	2550	11450	1345	1993	2349	2623	2886	3137
2100	411	626	740	750	755	760	5100	880	1328	1592	1778	1956	2126	8230	1095	1630	1914	2130	2352	2563	11500	1353	2004	2354	2630	2892	3144
2150	420	640	773	785	790	795	5150	886	1337	1601	1789	1968	2139	8350	1102	1635	1923	2148	2363	2569	11550	1357	2009	2360	2636	2900	3152
2200	429	653	789	819	825	830	5200	890	1342	1608	1796	1975	2147	8400	1106	1639	1928	2154	2369	2575	11600	1361	2015	2366	2642	2907	3159
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2300 2350	446 455	679 692	821	888 923	894 929	900 935	5300	896	1352	1619	1808	1989	2162	8500	1116	1653	1944	2171	2388	2596	11700	1370	2026	2377	2655	2921	3175
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2550	489	745	900	1006	1068	1075	5500	910	1371	1641	1833	2016	2191	8700	1137	1683	1976	2207	2428	2639	11900	1386	2048	2400	2681	2949	3205
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2850 2900	541 550	824 837	996 1012	1112 1130	1223 1243	1285 1320	5850	933	1404	1677	1873	2061	2240	9050	1173	1734	2033	2270	2497	2715	12250	1416	2087	2440	2726	2998	3259
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3600	670	1013	1200	1349	1500	1631	6550	978	1460	1730	1932	2125	2310	9750	1236	1000		2397	2637	2866	12950	1465	2151	2505	2798	3078	3345
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					C-		6900	1008	1511	1796	2007 2017	2207 2219	2399 2412	10100	1263	1873	2203	2461	2707	2943	13300 13350	1486	2175	2527	2823	3105	3380
							6950 7000	1013 1017	1518 1525	1806 1815	2017	2219	2412 2425	10150	1267	1879	2211	2470	2717	2954	13350	1489	2170	2534	2830	3113	3384
					7/		7050	1021			2028	2231	2423	10200	1271	1885	2220	2479	2727	2964	13450	1400			2834	3117	3388

1HPS

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Combined		-	-	-	E.	<u>c:</u>			-	71	-	<b></b> :	<i>c</i> :		<u> </u>	-		-	<b>5</b> 1	C'		<u>^</u>	-		-	<b>F</b> <sup>1</sup>	<u>c:</u>
Adjusted	One Child	Two Children	Three Children	Four Children	Five Children	Six Children	Combined Adjusted	One Child	Two Children	Three Children	Four Children	Five Children	Six Children	Combined Adjusted	One Child	Two Children	Three Children	Four Children	Five Children	Six Children	Combined Adjusted	One Child	Two Children	Three Children	Four Children	Five Children	Six Children
Gross	Criniu	cilluren	Cilluren	Cilluren	cilluren	Ciliuren	Gross	Cilliu	cilluren	Ciliuren	cilluren	Children	Ciliuren	Gross	Criniu	Cilluren	Ciliuren	crinuren	Ciliuren	Ciliuren	Gross	Cilliu	cilluren	Ciliuren	cilluren	Children	cilluren
Income							Income							Income							Income						
13550	1497	2192	2543	2841	3125	3397	16750	1758	2565	2965	3312	3643	3960	19950	1961	2864	3314	3701	4071	4426	23150	2145	3178	3738	4175	4593	4992
13600	1500	2195	2547	2844	3129	3401	16800	1762	2569	2970	3317	3649	3966	20000	1964	2868	3320	3709	4080	4434	23200	2147	3183	3745	4183	4601	5001
13650	1502	2198	2550	2848	3133	3405	16850	1765	2574	2974	3322	3654	3972	20050	1967	2873	3327	3716	4088	4443	23250	2150	3188	3751	4190	4609	5010
13700	1505	2202	2553	2852	3137	3410	16900	1768	2578	2979	3327	3660	3979	20100	1970	2878	3333	3724	4096	4452	23300	2153	3193	3758	4197	4617	5019
13750	1508	2205	2556	2855	3141	3414	16950	1772	2583	2984	3333	3666	3985	20150	1973	2883	3340	3731	4104	4461	23350	2156	3198	3764	4205	4625	5028
13800	1510	2208	2559	2859	3145	3418	17000	1775	2587	2988	3338	3672	3991	20200	1976	2888	3347	3738	4112	4470	23400	2159	3203	3771	4212	4634	5037
13850	1513	2212	2563	2862	3149	3423	17050	1779	2592	2993	3343	3677	3997	20250	1979	2893	3353	3746	4120	4479	23450	2162	3208	3778	4220	4642	5045
13900	1518	2218	2570	2871	3158	3433	17100	1782	2596	2997	3348	3683	4003	20300	1981	2898	3360	3753	4128	4488	23500	2165	3213	3784	4227	4650	5054
13950	1523	2226	2579	2881	3169	3444	17150	1786	2601	3002	3353	3689	4010	20350	1984	2903	3367	3761	4137	4496	23550	2167	3218	3791	4234	4658	5063
14000	1527	2233	2587	2890	3179	3456	17200	1789	2605	3007	3359	3694	4016	20400	1987	2908	3373	3768	4145	4505	23600	2170	3222	3798	4242	4666	5072
14050	1532	2240	2596	2900	3190	3467	17250	1792	2610	3011	3364	3700	4022	20450	1990	2913	3380	3775	4153	4514	23650	2173	3227	3804	4249	4674	5081
14100	1537	2248	2605	2909	3200	3479	17300	1796	2615	3016	3369	3706	4028	20500	1993	2918	3387	3783	4161	4523	23700	2176	3232	3811	4257	4682	5090
14150	1542	2255	2613	2919	3211	3490	17350	1799	2619	3021	3374	3712	4034	20550	1996	2923	3393	3790	4169	4532	23750	2179	3237	3817	4264	4691	5099
14200	1547	2262	2622	2929	3221	3502	17400	1803	2624	3025	3379	3717	4041	20600	1999	2927	3400	3798	4177	4541	23800	2182	3242	3824	4272	4699	5107
14250	1552	2270	2630	2938	3232	3513	17450	1806	2628	3030	3385	3723	4047	20650	2001	2932	3406	3805 <	4185	4550	23850	2185	3247	3831	4279	4707	5116
14300	1557	2277	2639	2948	3243	3525	17500	1810	2633	3035	3390	3729	4053	20700	2004	2937	3413	3812	4194	4558	23900	2187	3252	3837	4286	4715	5125
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14400	1567	2291	2656	2967	3264	3548	17600	1816	2642	3044	3400	3740	4065	20800	2010	2947	3426	3827	4210	4576	24000	2193	3262	3851	4301	4731	5143
14450	1572	2299	2665	2977	3274	3559	17650	1820	2646	3049	3405	3746	4072	20850	2013	2952	3433	3835	4218	4585	24050	2196	3267	3857	4309	4739	5152
14500	1577	2306	2674	2986	3285	3571	17700	1823	2651	3053	3410	3751	4078	20900	2016	2957	3440	3842	4226	4594	24100	2199	3272	3864	4316	4748	5161
14550	1582	2313	2682	2996	3296	3582	17750	1827	2655	3058	3416	3757	4084	20950	2019	2962	3446	3849	4234	4603	24150	2202	3277	3871	4323	4756	5169
14600	1587	2321	2691	3006	3306	3594	17800	1830	2660	3063	3421	3763	4090	21000	2021	2967	3453	3857	4242	4612	24200	2205	3281	3877	4331	4764	5178
14650	1591	2328	2699	3015	3316	3605	17850	1834	2664	3067	3426	3769	4096	21050	2024	2972	3459	3864	4251	4620	24250	2203	3286	3884	4338	4772	5187
14700	1596	2334	2707	3023	3326	3615	17900	1837	2669	3072	3431	3774	4103	21100	2027	2977	3466	3872	4259	4629	24300	2210	3291	3890	4346	4780	5196
14750	1600	2341	2714	3032	3335	3625	17950	1840	2673	3076	3436	3780	4109	21150	2030	2982	3473	3879	4267	4638	24350	2213	3296	3897	4353	4788	5205
14800	1605	2347	2722	3040	3345	3635	18000	1844	2678	3081	3442	3786	4115	21200	2033	2986	3479	3886	4275	4647	24400	2216	3301	3904	4360	4796	5214
14850	1609	2354	2730	3049	3354	3646	18050	1847	2682	3086	3447	3791	4121	21250	2036	2991	3486	3894	4283	4656	24450	2219	3306	3910	4368	4805	5223
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14950	1618	2367	2745	3066	3373	3666	18150	1854	2692	3095	3457	3803	4134	21350	2042	3001	3499	3909	4300	4674	24550	2225	3316	3924	4383	4821	5240
15000	1622	2373	2752	3074	3382	3676	18200	1858	2696	3100	3462	3809	4140	21400	2044	3006	3506	3916	4308	4682	24600	2227	3321	3930	4390	4829	5249
15050	1626	2380	2760	3083	3391	3686	18250	1861	2701	3104	3468	3814	4146	21450	2047	3011	3512	3923	4316	4691	24650	2230	3326	3937	4397	4837	5258
15100	1631	2386	2768	3091	3401	3696	18300	1864	2705	3109	3473	3820	4152	21500	2050	3016	3519	3931	4324	4700	24700	2233	3331	3943	4405	4845	5267
15150	1635	2393	2775	3100	3410	3707	18350	1868	2710	3113	3478	3825	4158	21550	2053	3021	3526	3938	4332	4709	24750	2236	3336	3950	4412	4853	5276
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16000	1705	2496	2894	3233	3556	3866	19200	1918	2790	3214	3590	3949	4293	22400	2102	3104	3638	4064	4471	4860	25600	2285	3419	4063	4538	4992	5426
16050	1710	2500	2899	3238	3562	3872	19250	1921	2795	3221	3598	3957	4302	22450	2104	3109	3645	4072	4479	4868	25650	2288	3424	4069	4546	5000	5435
16100	1713	2505	2904	3244	3568	3878	19300	1924	2800	3227	3605	3966	4311	22500	2107	3114	3652	4079	4487	4877	25700	2290	3429	4076	4553	5008	5444
40450	1713	2510	2909	3249	3574	3885	19350	1927	2805	3234	3612	3974	4319	22550	2110			4086		4886	25750	2290	2424			5008	5453
16200	1720	2514	2913	3254	3579	3891	19400	1930	2809	3241	3620	3982	4328	22600	2113	3124	3665	4094	4503	4895	25800	2296		4089	4568	5025	5462
16250	1723	2519	2918	3259	3585	3897	19450	1933	2814	3247	3627	3990	4337	22650	2116	3129	3672	4101	4511	4904	25850	2299	3444	4096	4575	5033	5471
16300	1723	2523	2923	3265	3591	3904	19500	1936	2819	3254	3635	3998	4346	22700	2119	3134	3678	4109	4519	4913	25900	2299	3444	4096	4575	5033	5479
16350	1727	2528	2923	3270	3597	3910	19550	1939	2824	3261	3642	4006	4355	22750	2113	3139	3685	4116	4528	4922	25900	2302	3454	4103	4583	5041 5049	5488
16400	1734	2533	2932	3275	3603	3916	19600	1941	2829	3267	3649	4014	4364	22800	2122	3144	3692	4123	4536	4930	25950	2305	3454	4109	4590	5049	5497
16450	1734	2533	2932	3275	3608	3910	19650	1944	2834	3274	3657	4023	4373	22850	2124	3149	3698	4131	4544	4939	26000	2308	3463	4110	4605	5065	5506
16450		2537	2937	3280	3614	3922	19700	1947	2839	3280	3664	4031	4381	22900	2127	3154	3705	4138	4552	4939	26050	2310	3463	4122	4605	5065	
16500	1741 1744	2542	2942	3200	3620	3929	19750	1950	2844	3287	3672	4039	4390	22950	2133	3159	3703	4146	4560	4957	26100	2313			4612	5073	5515 5524
16550	1744	2540	2940	3291	3626	3935	19800	1953	2849	3294	3679	4047	4399	23000	2135	3163	3718	4153	4568	4966	26150	2310	3473	4130	4620	5082	5532
16650	1748	2556	2956	3301	3632	3941	19850	1956	2854	3300	3686	4055	4408	23050	2130	3168	3725	4160	4576	4975	26200	2319	3483	4142	4627	5090	5541
	1755	2550	2950	3307	3637	3948	19900	1959	2859	3307	3694	4063	4417	23100	2142	3173	3731	4168	4585	4983	26250	2322	3483	4149	4642	5106	5550
16700																											

Combined	One	Two	Three	Four	Five	Six
Adjusted	Child	Children	Children	Children	Children	Children
Gross						
Income		<u> </u>				
26350	2328	3493	4162	4649	5114	5559
26400	2331	3498	4169	4657	5122	5568
26450	2333	3503	4175	4664	5130	5577
26500	2336	3508	4182	4671	5139	5586
26550	2339	3513	4189	4679	5147	5594
26600	2342	3517	4195	4686	5155	5603
26650	2345	3522	4202	4694	5163	5612
26700	2348	3527	4209	4701	5171	5621
26750	2351	3532	4215	4708	5179	5630
26800	2353	3537	4222	4716	5187	5639
26850	2356	3542	4229	4723	5196	5648
26900	2359	3547	4235	4731	5204	5656
26950	2362	3552	4242	4738	5212	5665
27000	2365	3557	4248	4745	5220	5674
27050	2368	3562	4255	4753	5228	5683
27000	2300	3567	4262	4760	5236	5692
27150	2373	3572	4268	4768	5244	5701
27200	2376	3576	4275	4775	5253	5710
27250	2379	3581	4282	4783	5261	5718
27300	2382	3586	4288	4790	5269	5727
27350	2385	3591	4295	4797	5277	5736
27400	2388	3596	4301	4805	5285	5745
27450	2391	3601	4308	4812	5293	5754
27500	2393	3606	4315	4820	5301	5763
27550	2396	3611	4321	4827	5310	5772
27600	2399	3616	4328	4834	5318	5780
	2399	3621	4326	4842		5780
27650					5326	
27700	2405	3626	4341	4849	5334	5798
27750	2408	3631	4348	4857	5342	5807
27800	2411	3635	4354	4864	5350	5816
27850	2413	3640	4361	4871	5359	5825
27900	2416	3645	4368	4879	5367	5834
27950	2419	3650	4374	4886	5375	5842
28000	2422	3655	4381	4894	5383	5851
28050	2425	3660	4388	4901	5391	5860
28100						
	2428	3665	4394	4908	5399	5869
28150	2431	3670	4401	4916	5407	5878
28200	2434	3675	4408	4923	5416	5887
28250	2436	3680	4414	4931	5424	5896
28300	2439	3685	4421	4938	5432	5904
28350	2442	3690	4427	4945	5440	5913
28400	2445	3694	4434	4953	5448	5922
28450	2443		4441			5931
28450		3699		4960	5456	
	2451	3704	4447	4968	5464	5940
28550	2454	3709	4454	4975	5473	5949
28600	2456	3714	4461	4982	5481	5958
28650	2459	3719	4467	4990	5489	5966
28700	2462	3724	4474	4997	5497	5975
28750	2465	3729	4480	5005	5505	5984
28800	2468	3734	4487	5012	5513	5993
28850	2471	3739	4494	5019	5521	6002
28900	2474	3744	4500	5027	5530	6011
28950	2476	3749	4507	5034	5538	6020
29000	2479	3753	4514	5042	5546	6028
29050	2482	3758	4520	5049	5554	6037
29100	2485	3763	4527	5057	5562	6046
29150		3768	4533			6055
	2488			5064	5570	
29200	2491	3773	4540	5071	5578	6064
29250	2494	3778	4547	5079	5587	6073
29300	2496	3783	4553	5086	5595	6081
	2100			5004	5603	6000
29350		3788	4560	5094	500.5	0090
	2499	3788 3793	4560 4567	5094 5101		6090 6099
29400	2499 2502	3793	4567	5101	5611	6099
	2499					

Combined	One	Two	Three	Four	Five	Six
Adjusted	Child	Children	Children	Children	Children	Children
Gross						
Income						
29550	2511	3808	4587	5123	5635	6126
29600	2514	3812	4593	5131	5644	6135
29650	2516	3817	4600	5138	5652	6143
29700	2519	3822	4606	5145	5660	6152
29750	2522	3827	4613	5153	5668	6161
29800	2525	3832	4620	5160	5676	6170
29850	2528	3837	4626	5168	5684	6179
29900	2531	3842	4633	5175	5692	6188
29950	2534	3847	4640	5182	5701	6197
30000	2537	3852	4646	5190	5709	6205

Chi	d Care Tax	-	
		Tax Cr	edit For
		One Child	More than One Child
Gross Monthly Income of Parent Entitled to Receive Support	Tax Credit %	<u>\$250.00</u>	<u>\$500.00</u>
\$0 to 1,250	.35	\$88	\$175
1,251 to 1,416	.34	85	170
1,417 to 1,583	.33	83	165
1,584 to 1,750	.32	80	160
1,751 to 1,916	.31	78	155
1,917 to 2,083	.30	75	150
2,084 to 2,250	.29	74	145
2,251 to 2,416	.28	70	140
2,417 to 2,583	.27	68	135
2,584 to 2,750	.26	65	130
2,751 to 2,916	.25	63	125
2,917 to 3,083	.24	60	120
3,084 to 3,250	.23	58	115
3,251 to 3,416	.22	55	110
3,417 to 3,583	.21	53	105
3,583 or above	.20	50	100

MISAVA

Li	ine 11 Adjus	stment
Numbe		Adjustment
Overnig		
Less tha		0%
36-7		6%
73-9		9%
92-10		10%
	15	13%
110-1		
116-1		15%
116-1 120-1	25	15% 17%
116-1 120-1 126-1	25 30	15% 17% 20%
116-1 120-1	25 30	15% 17%
116-1 120-1 126-1	25 30 36	15% 17% 20%
116-1 120-1 126-1 131-1	25 30 36 41	15% 17% 20% 23%
116-1 120-1: 126-1: 131-1: 137-1-	25 30 36 41 47	15% 17% 20% 23% 25%
116-1 120-1: 126-1: 131-1: 137-1: 142-1: 148-1:	25 30 36 41 47 52	15% 17% 20% 23% 25% 27%
116-1 120-1: 126-1: 131-1: 137-1: 142-1: 142-1: 148-1: 153-1:	25 30 36 41 47 52 58 58 50 58 50 50 50 50 50 50 50 50 50 50 50 50 50	15% 17% 20% 23% 25% 27% 28% 29%
116-1 120-1: 126-1: 131-1: 137-1: 142-1: 142-1: 148-1: 153-1: 159-1:	25 30 36 41 47 52 58 64	15% 17% 20% 23% 25% 27% 28% 29% 30%
116-1 120-1: 126-1: 131-1: 137-1: 142-1: 148-1: 153-1: 159-1: 165-1:	25 30 36 41 47 52 58 64 70	15% 17% 20% 23% 25% 27% 28% 29% 30% 31%
116-1 120-1: 126-1: 131-1: 137-1 142-1 148-1: 153-1: 159-1	25 30 36 41 52 58 64 70 75 58 58 56 56 56 58 56 56 58 56 56 58 56 56 58 56 58 56 56 56 56 56 56 56 56 56 56 56 56 56	15% 17% 20% 23% 25% 27% 28% 29% 30%

Area above double line in the first column on the first page is drawn below the income level that represents the self-support reserve.

	One	Two	Three	Four	Five	Six
	Child	Children	Children	Children	Children	Children
Self Support Reserve		1700	1900	2100	2350	2550

#### Effective 04/05/2022

Area above double line in the first column on the first page is drawn below the income level that represents the self-support reserve.

	One	Two	Three	Four	Five	Six
	Child	Children	Children	Children	Children	Children
Self Support Reserve		1800	2100	2350	2650	3000

#### IN THE CIRCUIT COURT OF

\_ , MISSOURI

(County where court is located. City of Saint Louis is considered a county.)

	st Name) (Middle Name) (Last Name) titioner, (Enter full legal name of the person who filed the original	- (Jr./Sr./III)	Case Number (Use number o	n Motion)
v.			(Use number of	
-	st Name) (Middle Name) (Last Name) <b>spondent.</b> (Enter full legal name of the person who responded original petition)	to the	Division Number	
	Statement of Income (For use in Modific	-		
Sta	tement completed by		me)	(Jr./Sr./III)
Мо	onthly Income Information	Pe	titioner	Respondent
1.	Monthly gross income from salaries, wages and commissions including bonuses			
2.	Monthly self-employment income			
3.	Monthly social security benefits not including Supplemental Security Income (SSI)			
4.	Monthly retirement benefits			
5.	Monthly pension income			
6.	Monthly interest income			
7.	Monthly trust and annuity income			
8.	Monthly income from dividends and partnership distributions			
9.	Monthly unemployment compensation benefits			
10.	Monthly severance pay			
11	Monthly workers compensation benefits			
12.	Monthly disability insurance benefits			
13.	Monthly veterans disability benefits			
Stat	ement of Income and Expenses (For use in Modification Cases)			Page 1 of 4

Form CAFC150 01/01/2019

Мо	nthly Income Information (Continued)	Petitioner	Respondent
14.	Monthly military allowances for subsistence and quarters		
15.	Total monthly gross income. Add paragraphs 1 through 14. (Form 14 - Line 1)		
16.	Monthly Supplemental Security Income benefits (SSI)		
17.	Monthly payments of Temporary Assistance for Needy Families (TANF)		
18.	Monthly food stamps (SNAP)		4.7
19.	Number of unemancipated children who are <b>not</b> the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(1))		
	Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are <b>not</b> the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(3))		
20.	Monthly maintenance received in this case	<u>5</u>	
21.	Monthly maintenance received in other cases	· 	
22.	Total monthly court-ordered maintenance received. Add paragraphs 20 and 21. (Form 14 - Line 1a)		
Мо	nthly Expense Information		
23.	Monthly court- or administratively-ordered child support being paid for children who are <b>not</b> the subject of this proceeding (Form 14 - Line 2a)		
24.	Monthly Maintenance		
	a. Monthly maintenance paid in this case		
	b. Monthly maintenance paid in other cases		
	Total monthly court-ordered maintenance paid. Add paragraphs 24a and 24b. (Form 14 - Line 2b)		
25.	Reasonable monthly work-related child care costs of each party for the children who are the subject of this proceeding (Form 14 - Line 6a and Line 6b)		
26.	Monthly health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)		

Мо	nthly Expense Information (Continued)	Petitioner	Respondent
27.	Monthly uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)		
28.	Other monthly extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
29.	All other monthly expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 26, etc.)		ST.MO.
30.	Total monthly expenses. Add paragraphs 23 through 29. (Do not include 24a and 24b. Use the total amounts from 24.)	RESE	
	C	ELFRE.	
	BLEFORFREEM		
	LOR FR.		
	ISFORMIS AVAILABLE		
	2MIS AVI		
X	SFOI		
*			

#### **Proof of Service on Other Parties**

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on \_\_\_\_\_\_ (date) I have sent/given a copy of this *Statement of Income and Expenses (For use in Modification Cases)* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number
	X.M.
	ST

#### Sign Below in the Presence of a Notary Public

\_\_\_\_\_\_, of lawful age, being duly sworn on his or her oath, states that he or she is the person named above and that the facts stated in this *Statement of Income and Expenses (For use in Modification Cases)* are true according to his or her best knowledge, information and belief.

\_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

, Notary Public

County, State of Missouri

My commission expires:

#### IN THE CIRCUIT COURT OF

, MISSOURI

(County where court is located. City of Saint Louis is considered a county.)

(First Name)(Middle Name)(Last Name)(Jr./Sr./III)Petitioner, (Enter full legal name of the person who filed the original petition)	Case Number (Use number on Mo	tion)
<b>v</b> .		AO.
(First Name)(Middle Name)(Last Name)(Jr./Sr./III)Respondent.(Enter full legal name of the person who responded to the original petition))	Division Number	<u>.</u>
Statement of Property and D (For use in Modification Cas		
Statement completed by		
(First Name) (Middle Name) (Last Na (Enter your full legal name above)	ame)	(Jr./Sr./III)
Your Property (either alone or with anyone else) (Check "Ye following questions)	s" or "No" for eac	ch of the
		Estimated Value
Do you own a house, condominium or other real estate?	☐ Yes ☐ No ☐ Yes ☐ No	
Do you own a car, truck or motorcycle? Do you own a mobile home, trailer, boat or airplane?		
Do you have any bank accounts?		
Do you have any right to receive any pension or retirement benefits		
other than Social Security?	∏Yes ∏No	
Do you have an IRA or 401(k) or other retirement account?	YesNo	
Do you have any furniture, appliances or other household goods		
worth more than \$100?	🗌 Yes 🗌 No	
Do you have any jewelry, clothing or other personal items worth		
more than \$100?	∐Yes ∐ No	
Do you own a business?	Yes No	
Do you own any stocks or bond?	∐Yes ∐ No	
Do you have any life insurance that could be cashed in?	Yes No	
Does anyone owe you money?	Yes No	
Do you have any lawsuits against anyone?	Yes No	
Do you have any farm equipment, animals or crops?		
Do you have any interest in any tructe?	Yes No	
Do you have any interest in any trusts? Do you have any other asset or property?	Yes No	

**Your Debts (either alone or with anyone else)** (Check "Yes" or "No" for each of the following questions)

Are you currently in a bankruptcy proceeding? (Chapter 7 or Chapter 13) Do you owe a mortgage on a house or condominium or land? Do you owe money on a car? Do you owe money on any credit cards? Do you owe any money to any family or friends? Do you owe any medical or dental bills? Do you owe any student loans? Do you owe any other debts?

# Yes No Yes No

Amount Due

#### What debts should I list on this form?

All debts owed by you should be listed. You should list all loans from any individual, bank, credit card company, credit union, savings and loan association or other lending institution. Make sure to list all credit cards and any amounts owed pursuant to any bankruptcy or other repayment plans.

#### **Proof of Service on Other Parties**

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on \_\_\_\_\_\_ (date) I have sent/given a copy of this *Statement of Property and Debt (For use in Modification Cases)* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number
ALLA"	
AL	
an 19	
, OPT	

#### Sign Below in the Presence of a Notary Public

Your Statement of Property and Debt (For use in Modification Cases) is required to be verified in the presence of a notary public.

, of lawful age, being duly sworn on his or her oath, states that he or she is the person named above and that the facts stated in this *Statement of Property and Debt* (For use in Modification Cases) are true according to his or her best knowledge, information and belief.

•		
(Sign above in the presence of a Notary Public)	(Print your name above)	0
The following information must be completed	by a notary public.	NO.
STATE OF)		
) SS COUNTY OF)		
On this day of	, 20, before me perso	onally appeared,
who executed the foregoing instrument and ackr act and deed.	nowledged that he/she executed the	same as his/her free
IN WITNESS WHEREOF, I have hereunto set m State aforesaid, the day and year first above writ		n the County and
		Notary Public
FOR	Cour	
My commission expires:		
THISFO		