

**Appendix Form 1  
Child Support Guidelines Worksheet**

I. NET MONTHLY INCOME OF PETITIONER, \_\_\_\_\_

A. Sources and Amounts of Annual 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 (Annual)

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 Annual Income \$ \_\_\_\_\_.

Average Monthly Income (Petitioner) \$ \_\_\_\_\_.

**Appendix - FORM 1(continued)  
Child Support Guidelines Worksheet**

II. NET MONTHLY INCOME OF RESPONDENT, \_\_\_\_\_

A. Sources and Amounts of Annual 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 (Annual)

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 Annual Income \$ \_\_\_\_\_.

Average Monthly Income (Respondent) \$ \_\_\_\_\_.

**Appendix - FORM 1(continued)**  
**Child Support Guidelines Worksheet**

III. CALCULATION OF THE GUIDELINE AMOUNT OF SUPPORT

A. Custodial parent's net monthly income \$ \_\_\_\_\_.

Noncustodial parent's net monthly income \$ \_\_\_\_\_.

B. Number of children for whom support is sought \_\_\_\_\_

Guideline Percentage x \_\_\_\_\_ %

C. Guideline amount of child support \$ \_\_\_\_\_.

IV. SPECIAL FINDINGS

A. Income imputed to Petitioner / Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Estimated income of Petitioner / Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Deviations made from Child Support Guidelines: \_\_\_\_\_ < \_\_\_\_\_ >  
\_\_\_\_\_  
\_\_\_\_\_

D. Requested Child Support \$ \_\_\_\_\_ per month

STATE OF IOWA, COUNTY OF \_\_\_\_\_ : ss:

I, \_\_\_\_\_, 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: \_\_\_\_\_  
\_\_\_\_\_  
(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: \_\_\_\_\_  
\_\_\_\_\_  
(Attorney for Petitioner / Respondent)