

CHILD SUPPORT COMPUTATION WORKSHEET SOLE RESIDENTIAL/SHARED PARENTING COUNTY

Parent A:	Parent B:	Date:
Case No.:	SETS No.:	Order No.:
No. of Children of the Order: 1		

Parenting Arrangement	If a sole residential order, check one of the two boxes below: <input type="checkbox"/> Parent A is residential parent; Parent B is obligor <input type="checkbox"/> Parent B is residential parent; Parent A is obligor
	If a shared parenting order, check one of the two boxes below: <input type="checkbox"/> Parent A is obligor <input type="checkbox"/> Parent B is obligor

I. GROSS INCOME		PARENT A	PARENT B
1		Opt Wage Estimator <input type="checkbox"/> Use min wage	Opt Wage Estimator <input type="checkbox"/> Use min wage
		Income Annualizer	Income Annualizer
		Date: _____ YTD: _____ Freq: _____	Date: _____ YTD: _____ Freq: _____
	Annual Gross Income (Figure must represent the sum of gross income inclusions and exclusions as described in Ohio Revised Code 3119.01(C)(12))		
2	Annual Amount of Overtime, Bonuses and Commissions		
	a. Year 3 (3 years ago)		
	b. Year 2 (2 years ago)		
	c. Year 1 (last calendar year)		
	3-year average		
	"Reasonable expectation" (see instructions)		
	d. Income from overtime, bonuses, and commissions (Enter the lower of the average of Lines 2a, plus Line 2b plus Line 2c, or Line 2c)(See instructions)		
3	Calculation for Self-Employment Income		
	a. Gross receipts from business		
	b. Ordinary and necessary business expenses		
	c. 6.2% of adjusted gross income or actual marginal difference between actual rate paid and F.I.C.A. rate		
	d. Adjusted annual gross income from self-employment (Line 3a minus Line 3b minus Line 3c)		
4	Annual income from unemployment compensation		
5	Annual income from workers' compensation, disability insurance, or social security disability/retirement benefits		
6	Other annual income or potential income		
7	Total annual gross income (Add Lines 1, 2d, 3d, 4, 5 and 6, if Line 7 results in a negative amount, enter "0")		
8	Health insurance maximum (multiply Line 7 by 5% or 0.05)		

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II. ADJUSTMENTS TO INCOME		PARENT A		PARENT B	
Adjustment for Other Minor Children Not of This Order. (Note: Line 9 is ONLY completed if either parent has any children outside of this order. If neither parent has any children outside of this order enter "0" on Line 9f and proceed to Line 10) For each parent:					
Enter the number of "other" children (NOT including children of this order)					
9	a. Enter the total number of children (including children of this order and other children)				
	b. Enter the number of children subject to this order				
	c. Line 9a minus Line 9b				
	d. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each parent's total annual gross income from Line 7 for the number of children in Line 9a				
	e. Divide the amount in Line 9d by the number in Line 9a				
	f. Multiply the amount from Line 9e by the number in Line 9c. This is the adjustment amount for other minor children for each parent.				
Adjustment for Out-of-Pocket Health Insurance Premiums					
10	a. Identify the health insurance obligor(s). (See instructions)	<input type="checkbox"/>		<input type="checkbox"/>	
	b. Enter the total, actual out-of-pocket costs for health insurance premiums for the parent(s) identified on Line 10a (See instructions)				
11	Annual court ordered spousal support paid; if no spousal support is paid, enter "0"				
12	Total adjustments to income (Line 9f, plus Line 10b plus Line 11)				
13	Adjusted annual gross income (Line 7 minus Line 12, if Line 13 results in a negative amount, enter "0")				
III. INCOME SHARES					
14	Enter Line 13 for each parent				
15	Using the Basic Child Support Schedule and the parent's individual income on Line 14, determine if the parent's obligation is located in the shaded area of the schedule. If the parent's obligation is in the shaded area of the schedule for the children of this order, check the box.	<input type="checkbox"/>		<input type="checkbox"/>	
16	Combined annual gross income (sum of Line 14)				
17	Income Share: Enter the percentage of parent's income to combined adjusted annual gross income (Line 14 divided by Line 16 for each parent)				
IV. SUPPORT CALCULATION					
Basic Child Support Obligation—Choose one of the following statutory methods for obtaining the support obligation when the annual income falls between the table's \$600 increments. The most common is Interpolate: <input type="checkbox"/> -Low; <input checked="" type="checkbox"/> -Interpolate; <input type="checkbox"/> -High <input type="checkbox"/> Use minimum order for cgis > \$336,000					
18	a. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for each parent's adjusted gross income on Line 14 for the number of children of this order. If either parent's Line 14 amount is less than lowest income amount on the Basic Schedule, enter "960"				
	b. Using the Basic Child Support Schedule, enter the amount from the corresponding cell for the parent's combined adjusted annual gross income on Line 16 for the number of children of this order. If Line 16 amount is less than lowest income amount on the Basic Schedule, enter "960".				
	c. Multiply the amount in Line 18b by Line 17 for each parent. Enter the amount for each parent				
	d. Enter the lower of Line 18a or Line 18c for each parent, if less than "960", enter "960"				

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IV. SUPPORT CALCULATION CONTINUED				PARENT A		PARENT B							
19	Parenting Time Order												
	a. Enter "Yes" for any parent granted parenting time under a court order						<input type="checkbox"/>	<input type="checkbox"/>					
	b. If Line 19a is checked use the amount for that parent from Line 18d and multiply it by 10% or 0.10, and enter this amount. If Line 19a is blank enter "0"												
20	Derivative Benefit (Child's benefit on behalf of a parent)												
	Enter any non-means tested benefits received by the children subject to the order.												
21	Child Care (if neither parent has out of pocket child care costs, enter "0" on Line 21g for each parent)												
	a. Annual child care expenses for children of this order (less any subsidies)												
		Child 1		Child 2		Child 3		Child 4		Child 5		Child 6	
	b. Age												
	c. Max Cost												
		Parent	A	B	A	B	A	B	A	B	A	B	
	d. Actual												
	e. Lower												
	f. Enter total of Line 21e for children of this order												
		Federal child care credit table (%)											
		Federal child care credit											
		Ohio child care credit table (%)											
		Ohio child care credit											
	g. Enter the eligible federal and state tax credits												
h. Line 21f minus combined amounts of Line 21g													
i. Multiply combined Line 21h by Line 17 for each parent. (If Line 15 is checked for the parent, use the lower percentage amount of either Line 17 or 50.00% to determine the parent's share). Annual child care costs													
j. Line 21i minus Line 21a. If calculation results in a negative amount, enter "0"													
Supporting Tax Data:													
Filing Status													
Earned Income													
Adjusted Gross Income													
Standard/Itemized Deduction													
Alternate Minimum Tax													
Foreign Tax Credit													
Total Number of Exemptions (including this parent)(Ohio only)													
22	Adjusted Child Support Obligation (Line 18d minus Line 19b minus Line 20 plus Line 21j). Annual child support obligation												
V. CASH MEDICAL													
23	Cash Medical Obligation for Children Subject to this Order												
	a. Annual combined cash medical support obligation (\$388.70 per number of child(ren) of this order)												
	b. Multiply Line 23a by Line 17 for each parent. Annual cash medical obligation												

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VI. RECOMMENDED MONTHLY ORDERS FOR DECREE

		Parent A Obligation	Parent B Obligation
24	CHILD SUPPORT AMOUNT (Line 22, divided by 12)		
Line 25 is ONLY completed if the court orders any deviation(s) to child support. (See sections 3119.23, 3119.231 and 3119.24 of the Revised Code)			
25	a. For 3119.23 factors (Enter the monthly amount)		
	<input type="checkbox"/> Special or unusual needs <input type="checkbox"/> Other court ordered payments <input type="checkbox"/> Extended parenting time; extra travel <input type="checkbox"/> Financial resources of child <input type="checkbox"/> Relative financial resources of parties <input type="checkbox"/> Obligee's income under FPL <input type="checkbox"/> Remarriage/cohabitation benefits <input type="checkbox"/> Federal, state and local taxes <input type="checkbox"/> Significant in-kind contributions <input type="checkbox"/> Extraordinary work-related expenses <input type="checkbox"/> Change in the standard of living <input type="checkbox"/> Educational opportunities <input type="checkbox"/> Party's responsibilities for others <input type="checkbox"/> Post-secondary educational expenses <input type="checkbox"/> Any other factor:		
	b. For 3119.231 extended parenting time (Enter the monthly amount)		
	c. Total of amounts from Line 25a and Line 25b		
26	DEVIATED MONTHLY CHILD SUPPORT AMOUNT (Line 24 plus or minus Line 25c)		
27	CASH MEDICAL SUPPORT AMOUNT (Line 23b, divided by 12)		
Line 28 is ONLY completed if the court orders a deviation to cash medical. (See section 3119.303 of the Ohio Revised Code)			
	a. Cash Medical Deviation amount (Enter the monthly amount)		
29	DEVIATED MONTHLY CASH MEDICAL AMOUNT (Line 27 plus or minus Line 28)		
30	Enter ONLY the total monthly obligation for the parent ordered to pay support (Line 24 or Line 26, plus Line 27 or Line 29)		
	Processing charge		
	Total monthly obligation including processing charge		

Prepared by:

Counsel: _____ Pro Se: _____
 (For -Parent A; -Parent B)

CSEA: _____ Other: _____

Worksheet has been reviewed and agreed to:

 Parent A Date

 Parent B Date