

State of Maryland
Child Support Enforcement Administration
INCOME/EXPENSE QUESTIONNAIRE

DO NOT WRITE HERE

Case Name: _____

Case/File Number: _____

Child(ren)'s name(s): _____

Date(s) of Birth _____

Name of parent completing form: _____

SSN: _____

The purpose of this questionnaire is to gather information about your income and expenses. The information will be used by the court to determine a child support order amount for the child(ren) listed above. Be accurate and thorough in your responses. You will be required to submit documentation to verify the information you provide. Giving false or misleading information is punishable as contempt of court and may lead to imprisonment.

Part A. Gross Income - Please provide information about income you receive.

1. a. Gross earnings (before any deductions) from salaries, wages, commissions and bonuses. \$ _____ per _____

b. Name of Employer _____

c. Address of Employer _____

2. a. Gross receipts from business or rentals \$ _____ per _____

b. Expenses required to produce business or rental income \$ _____ per _____

3. Interest received \$ _____ per _____

4. Trust income \$ _____ per _____

5. Annuities \$ _____ per _____

6. Dividends \$ _____ per _____

7. Pensions \$ _____ per _____

8. Social Security benefits \$ _____ per _____

9. Veteran's Administration benefits \$ _____ per _____

10. Worker's Compensation \$ _____ per _____

11. Unemployment insurance \$ _____ per week

12. Disability insurance \$ _____ per _____

13. Spousal support received \$ _____ per _____

14. Business expense reimbursements or in-kind payments received in the course of employment, self-employment or operation of a business \$ _____ per _____

15. Other (e.g. capital gains, severance pay, gifts, prizes) \$ _____ per _____

16. Names and addresses of sources of above income:

Part B. Adjustments to Gross Income - Please provide the information requested below.

1. Amount you pay for support of child(ren) other than those listed on Side 1. \$ _____ per _____

Name of payee/support enforcement agency _____

Do you pay this fully and regularly? ☐ Yes ☐ No

If not, how much do you pay on average? \$ _____ per _____

2. Amount you pay for spousal support. \$ _____ per _____

Name of payee/support enforcement agency _____

Do you pay this fully and regularly? ☐ Yes ☐ No

If not, how much do you pay on average? \$ _____ per _____

3. Amount you pay for health insurance for children listed on Side 1. \$ _____ per _____

Part C. Expenses to Meet Needs of Children - please provide the information requested regarding expenses incurred on behalf of the children listed on Side 1.

\$ _____ per _____

1. a. Child care costs necessary to enable you to work or to seek employment. \$ _____ per _____

b. To whom paid _____

2. a. Annual cost of uninsured medical expenses for each condition or illness of the child(ren) listed on Side 1. \$ _____ per _____

b. _____ \$ _____ per _____
child condition

_____ \$ _____ per _____
child condition

_____ \$ _____ per _____
child condition

_____ \$ _____ per _____
child condition

3. Expenses you pay for private elementary or secondary schooling to meet the particular educational needs of the child(ren) \$ _____ per _____

Name of School

4. Expenses you pay for transportation of the child(ren) between the homes of the parents. \$ _____ per _____

Part D. Physical Custody - Please indicate below the number of nights per year the child(ren) spend with you. Calculate the amount on a yearly basis. The number may be estimated if necessary. _____ nights per year.

Part E. Signature - please read the following statement and sign and date below. The information I have provided is accurate and complete to the best of my knowledge. I understand that I will be required to provide verification of my responses.

I, the undersigned Affiant, do solemnly swear, under the penalties of perjury, that the facts and information contained in the foregoing Income/Expense Questionnaire are true and correct to the best of my knowledge, information and belief.

Signature

Date