

Instruction Sheet for FL-150, Income and Expense Declaration

NEATNESS DOES NOT MATTER- WE WILL BE REVIEWING AND RETYPING THE FORM PRIOR TO ITS FILING. IF YOU HAVE QUESTIONS OR WISH TO PROVIDE EXPLANATORY INFORMATION, PLEASE WRITE IT ON THE FORM OR ON AN ATTACHED SHEET.

Section 1: Employment

Please complete all items to the best of your ability. Note that if you are unemployed, you must provide information as to your most recent employment. If you are self-employed, please indicate so and provide a copy of your most recent annual, quarterly, and monthly profit and loss statements.

Section 2: Age and Education

Please complete all items to the best of your ability. If you hold professional or occupational licenses (e.g. Teaching Credential, CPA designation), please so indicate. If you have held these licenses in the past but they have lapsed, please identify them and the date on which they expired or lapsed.

Section 3: Tax Information

Please complete all items to the best of your ability. Under 3(b), if you anticipate that your tax filing status for THIS YEAR will be different from your tax filing status LAST YEAR, please answer according to the current year, but insert a note as to what the status was on the last filed return.

Section 4: Other Party's Income

Please indicate what you believe the other party's GROSS monthly income FROM ALL SOURCES to be. For example, if the other party works at a "regular" position but also maintains a side business, please indicate how much income comes from each source. Also, please indicate on what your assertion is based (e.g., our prior tax returns, deposits to our joint account when we lived together, etc.)

Section 5: Income

In addition to providing the information on the form, please provide your last year's W-2 form(s) and the last three months' pay stubs, regardless of how frequently you are actually paid. If you are paid commissions, overtime, or bonuses, we will need the last TWELVE MONTHS' pay stubs. In addition, should you receive any income from sources other than employment (disability benefits, spousal support, etc.), please provide documentation of any amounts received over the last 12 months.

Section 6: Investment Income

In addition to providing the information on the form, please provide ALL of last year's 1099 or other information forms received that reflect payment of interest, dividends, trust income, rental proceeds, or other non-employment related income. Please also provide 12 months' statements for any investment accounts you hold. In addition, if you receive rental income, please provide your most recent annual, quarterly, and monthly profit and loss statements related to your rental property(ies).

Section 7: Income from Self Employment

Please complete all items to the best of your ability for ANY self-employment income or loss. Please provide your most recent annual, quarterly, and monthly profit and loss statements related to your business.

Section 8: Additional Income

Please indicate the amount and source of any one-time income received in the past 12 months.

Section 9: Change in Income

If your financial situation has changed (for better or for worse) in the last 12 months, please indicate how so and the reason for the change.

Section 10: Deductions

In addition to providing the information on the form, please provide the pay stubs you have provided in response to Section 5. Please also provide your last three years' tax returns.

Section 11: Assets

In each space provided, please indicate the average balances for deposit and brokerage accounts, as well as the estimated net value of any real or personal property.

Section 12: Household Members

Please complete to the best of your ability. Include information as to ALL persons in your household. If you have children that live with you part-time, please include them. NOTE: if you are in a roommate (non-romantic) situation or rent a room or portion of your home out, you do NOT have to include your roommate or co-tenant's income information.

Section 13: Average Monthly Expenses

Please complete ALL ITEMS to the best of your ability. IF YOUR CURRENT EXPENDITURES ARE NOT AN ACCURATE REFLECTION OF YOUR PROPOSED NEEDS (i.e. you are living on a tightened budget because of a recent separation), please insert your current expenditures on this page and use an attached sheet to indicate what your proposed needs are. It is not necessary to have these expenditures tracked to the exact dollar, but do provide carefully considered estimates. Some guidelines for each category:

Rent/Mortgage: It is particularly important that you identify how much of your monthly mortgage payment is applied to interest and how much to principal, as well as whether your property taxes and homeowners' insurance are paid from an impound account.

Health-care costs not paid by insurance: This includes co-pays and services your insurance doesn't cover (e.g. counseling visits if your plan does not include mental health benefits). DO NOT INCLUDE YOUR HEALTH INSURANCE PREMIUM IN THIS SPACE.

Child Care: Include your actual child care expenses for child care related to employment or employment-related education. If there is currently an order or agreement that these expenses be split with the other parent, include only your share. Utilities: Gas, electric, propane, water, sewer, trash, etc.

Telephone, cell phone, and email: Phone service (cell and regular) as well as internet access.

Laundry and cleaning: If you have to go to a Laundromat or use dry cleaners, make sure to include those expenses.

Entertainment, Gifts, and Vacation: Because most of us don't take a vacation every month, it's often difficult to come up with an average on this. So, for example if you take one vacation each year at a cost of \$2,400, make sure to include \$200 in this amount as your "average monthly" expenditure for vacations.

Auto Expenses and Transportation: All transportation-related expenses EXCEPT your car payment.

Other: These will vary case-to-case. Common "other" expenses include gym memberships, kids' extracurricular activities, tutoring for children, housekeeper, etc.

Section 14: Installment Payments and Debts:

Include here any payments you must make on a regular basis, such as credit card payments, car payments, installment payments on past due bills, etc. Make sure to include all of the requested information. If you make a payment each month, you do not need to include the exact date of the payment – you can just write "Current" in the applicable box if you are current with your payments.

Section 15: Attorney Fees:

If this office is your first attorney in this matter, we will complete this portion for you. If you had another attorney prior to retaining us, please provide us with information as to how much the prior attorney was paid and any balance remaining due.

IF YOU DO NOT HAVE MINOR CHILDREN WITH THE OTHER PARTY, YOU CAN STOP HERE. IF YOU DO HAVE MINOR CHILDREN WITH THE OTHER PARTY, YOU MUST COMPLETE PAGE 4.

Section 16: Number of Children:

Please complete all items to the best of your ability. If your current child-sharing plan does not lend itself to the easy determination of a percentage of timeshare, just fill in the current child sharing schedule.

Section 17: Children's Health Care Expenses:

Please include all items to the best of your ability.

Section 18: Additional Expenses for Children in this Case:

Please complete all items to the best of your ability.

Section 19: Special Hardships:

Please complete all items to the best of your ability.

Section 20: Other Information:

Include any other RELEVANT information regarding child support.