

Common Pleas of Franklin County  
Domestic Relations and Juvenile  
**CHILD SUPPORT COMPUTATION WORKSHEET**  
**SOLE RESIDENTIAL PARENT OR SHARED PARENTING ORDER**

Names of Parties: Date: Mar 23, 2011  
Mary Doe Case No.: 2011-3214  
James Doe Judge: Smith

The following parent was designated as the residential parent and legal custodian:  Mother  Father  Shared

No. of Minor Children 2

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
1a. Annual gross income from employment or, when determined appropriate by the court or agency, average annual gross income from employment over a reasonable period of years (Exclude overtime, bonuses, self-employment income, or commissions)	0	30,000	
1b. Amount of overtime, bonuses and commissions	0	1,167	
	FATHER	MOTHER	
Year 3 (Three years ago)	0	800	
Year 2 (Two years ago)	0	1,200	
Year 1 (Last calendar year)	0	1,500	
AVERAGE	0	1,167	
<p>(Include in Col. I and/or Col. II the average of the three years or the year 1 amount, whichever is less, if there exists a reasonable expectation that the total earnings from overtime and/or bonuses during the current calendar year will meet or exceed the amount that is the lower of the average of the three years or the year 1 amount. If, however, there exists a reasonable expectation that the total earnings from overtime/bonuses during the calendar year will be less than the lower of the average of the three years or the year 1 amount, include the amount reasonably expected to be earned this year.)</p>			
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2. For Self-Employment Income:			
a. Gross receipts from business	650,000	0	
b. Ordinary and necessary business expenses	(525,000)	0	
c. 5.6% of adjusted gross income or the actual marginal difference between the actual rate paid by the self-employed individual and the FICA rate	(6,777)	0	
d. Adjusted gross income from self-employment (Subtract the sum of 2b and 2c from 2a)	118,223	0	
3. Annual income from interest and dividends (whether or not taxable)	2,000	3,000	
4. Annual income from unemployment compensation	0	0	
5. Annual income from workers' compensation, disability insurance benefits, or Social Security Disability/Retirement benefits	0	0	
6. Other annual income			
a. Other Taxable Income	0	0	
b. Cash Perks	0	0	
c. Spousal support received	0	11,470	

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COLUMN I      COLUMN II      COLUMN III  
FATHER          MOTHER      COMBINED

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
7a. Total annual gross income (add lines 1a, 1b, 2d & 3-6)	120,223	45,637	
7b. Health insurance maximum (multiply line 7a by 5%)	6,011	2,282	

**ADJUSTMENTS TO INCOME**

8. Adjustment for minor children born to or adopted by either parent and another parent who are living with this parent; adjustment does not apply to stepchildren (number of children times federal income tax exemption less child support received, not to exceed the federal tax exemption)	0	0	
9. Annual court-ordered support paid for other children	0	0	
10. Annual court-ordered spousal support paid to any spouse or former spouse	11,470	0	
11. Amount of local income taxes actually paid or estimated to be paid	2,500	623	
12. Mandatory work-related deductions such as union dues, uniform fees, etc. (Not including taxes, Social Security or retirement)			
a. Mandatory Work Related/Other Deduction	0	0	
b. Mandatory Work Related/Other Deduction	0	0	
13. Total gross income adjustments (add lines 8 through 12)	13,970	623	
14a. Adjusted annual gross income (subtract line 13 from line 7a)	106,253	45,014	
14b. Cash medical support maximum (If the amount on line 7a, Col. I, is under 150% of the federal poverty level for an individual, enter \$0 on line 14b, Col. I. If the amount on line 7a, Col. I, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col. I, by 5% and enter this amount on line 14b, Col. I. If the amount on line 7a, Col. II, is under 150% of the federal poverty level for an individual, enter \$0 on line 14b, Col. II. If the amount on line 7a, Col. II, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col. II, by 5% and enter this amount on line 14b, Col. II.)	5,313	2,251	

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	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
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15. Combined annual income that is basis for child support order (Add line 14a, Col. I and Col. II)			151,267
16. Percentage of parent's income to total income:			
a. Father (divide line 14a, Col. I, by line 15, Col. III)	70.24%		
b. Mother (divide line 14a, Col. II, by line 15, Col. III)		29.76%	
17a. Basic combined child support obligation (From schedule on income up to \$150,000 - Amounts between schedule values are calculated)			21,971
17b. Support on Income over \$150,000			0
Income for which support is to be applied	0		
Percent to be used on income over \$150,000	0.00%		
17c. Total child support obligation			21,971
18. Annual support obligation per parent			
a. Father-Multiply line 17c, Col. III by line 16a	15,432		
b. Mother-Multiply line 17c, Col. III by line 16b		6,539	
19. Annual child care expenses for the children who are the subject of this order that are work-, employment training-, or education-related, as approved by the court or agency (deduct tax credit from annual cost, whether or not claimed)	0	4,000	
a. Less federal child care tax credit	0	(800)	
b. Less OH child care tax credit	0	0	
c. Net child care costs	0	3,200	
20a. Marginal, out-of-pocket costs, necessary to provide for health insurance for the children who are the subject of this order (contributing cost of private family health insurance, minus the contributing cost of private single health insurance, divided by the total number of dependents covered by the plan, including the children subject of the support order, times the number of children subject of the support order)	600	0	
20b. Cash medical support obligation (enter the amount on line 14b or the amount of annual health care expenditures estimated by the United States Department of Agriculture and described in section 3119.30 of the Revised Code, whichever amount is lower)	1,968	0	
21. ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:			
Father (Only if obligor or shared parenting)			
a. Additions: Line 16a times the sum of amounts shown on line 19c, Col. II and line 20a, Col. II	2,248		
c. Subtractions: Line 16b times sum of amounts shown on line 19c, Col. I and line 20a, Col. I	179		

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COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
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Mother (Only if obligor or shared parenting)

b. Additions: Line 16b times the sum of amounts shown on line 19c, Col. I and line 20a, Col. I)		179	
d. Subtractions: Line 16a times sum of amounts shown on line 19c, Col. II and line 20a, Col. II		2,248	

**22. OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:**

a. Father: Line 18a plus or minus the difference between line 21a minus line 21c	17,501		
b. Mother: Line 18b plus or minus the difference between line 21b minus line 21d		4,470	

**23. ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS PROVIDED:**

a. Line 22 for the obligor parent	17,501	0	
b. Any non-means-tested benefits, including Social Security and Veterans' benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent	0	0	
c. Actual annual obligation (subtract line 23b from 23a)	17,501	0	

**24. ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:**

Father (Only if obligor or shared parenting)

a. Additions: Line 16a times the sum of amounts shown on line 19c, Col. II and line 20b, Col. IIb	2,248		
c. Subtractions: Line 16b times sum of amounts shown on line 19c, Col. I and line 20b, Col. I	586		

Mother (Only if obligor or shared parenting)

b. Additions: Line 16b times the sum of amounts shown on line 19c, Col. I and line 20b, Col. I)		586	
d. Subtractions: Line 16a times sum of amounts shown on line 19c, Col. II and line 20b, Col. II		2,248	

**25. OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN INSURANCE IS NOT PROVIDED:**

a. Father: Line 18a plus or minus the difference between line 24a minus line 24c	17,094		
b. Mother: Line 18b plus or minus the difference between line 24b minus line 24d		4,877	

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COLUMN I	COLUMN II	COLUMN III
FATHER	MOTHER	COMBINED

26. ACTUAL ANNUAL OBLIGATION WHEN INSURANCE IS NOT PROVIDED:

a. Line 25 for the obligor parent	\$17,094	\$0
b. Any non-means-tested benefits, including Social Security and Veterans' benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent	\$0	\$0
c. Actual annual obligation (subtract line 26b from 26a)	\$17,094	\$0

27a. Deviation from sole residential parent support amount shown on line 23c or 26c if amount would be unjust or inappropriate: (See section 3119.23 of the Revised Code.) (Specific facts and monetary values must be stated.)

0	0
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Reason:

selected
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27b. Deviation amount - shared parenting (health ins. provided)

0	0
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27c. Deviation amount - shared parenting (health ins. not provided)

0	0
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(See sections 3119.23 and 3119.24 of the Revised Code.) (Specific facts including amount of time children spend with each parent, ability of each parent to maintain adequate housing for children, and each parent's expenses for children must be stated to justify deviation.)

Reason:

	WHEN HEALTH INSURANCE IS PROVIDED	WHEN HEALTH INSURANCE IS NOT PROVIDED
<b>28. FINAL CHILD SUPPORT FIGURE:</b> (This amount reflects final annual child support obligation; in Col. I, enter line 23c plus or minus any amounts indicated in line 27a or 27b; in Col. II, enter line 26c plus or minus any amounts indicated in line 27a or 27b)	17,501	17,094
	Father is Obligor	
<b>29. FOR DECREE:</b> Child support per month (divide obligor's annual share, line 28, by 12) plus any processing charge.	1,458.42	1,424.50
Including 2% processing charge	1,487.59	1,452.99
<b>30. FINAL CASH MEDICAL SUPPORT FIGURE:</b> (this amount reflects the final, annual cash medical support to be paid by the obligor when neither parent provides health insurance cover- age for the child; enter obligor's cash medical support amount from line 20b)		1,968
<b>31. FOR DECREE:</b> Cash medical support per month (divide line 30 by 12)		164.00
Including 2% processing charge		167.28

Comments:

PREPARED BY:  
 COUNSEL: Paul Jones PRO SE: \_\_\_\_\_  
 Representing Mother  
 CSEA: \_\_\_\_\_ OTHER: \_\_\_\_\_

WORKSHEET HAS BEEN REVIEWED AND AGREED TO:

\_\_\_\_\_  
 MOTHER DATE

\_\_\_\_\_  
 FATHER DATE