

Petitioner/Joint Petitioner A: _____
 Respondent/Joint Petitioner B: _____

Enter the name of the county in which this case is filed.	STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY	
This form is used for divorce, legal separation and paternity cases. Some information may not apply to your case.	Petitioner/Joint Petitioner A	INCOME & EXPENSE STATEMENT
	Name (First, Middle and Last) _____ Current Mailing Address _____ City _____ State _____ Zip _____ Daytime phone number _____	
Enter the name and address of the Petitioner/Joint Petitioner A.	and	Case No. _____ IV-D KIDS Case No. _____
Enter the name and address of the Respondent/Joint Petitioner B.	Respondent/Joint Petitioner B	
Enter the name and address of the Respondent/Joint Petitioner B.	Name (First, Middle and Last) _____ Current Mailing Address _____ City _____ State _____ Zip _____ Daytime phone number _____	
Enter the case number and child support IV-D KIDS number, if known.	City _____ State _____ Zip _____ Daytime phone number _____	

Failure by either party to complete and file this form as required will authorize the court to accept the statement of the other party as the basis for its decisions. **Deliberate failure to provide complete disclosure is a crime. Attach additional pages if space is not sufficient.**

1. PROOF OF INCOME

- Attach a statement reflecting income earned to date for the current year.
- Attach most recent W-2 Statement.

2. GENERAL INFORMATION

Name _____
Address _____
Address _____
City _____ **State** _____ **Zip** _____
Phone [Day] _____

3. EMPLOYER INFORMATION

Name _____
Address _____
Address _____
City _____ **State** _____ **Zip** _____
Phone [Day] _____

4. CURRENT MEMBERS OF YOUR HOUSEHOLD

Enter the name and relationship of all people actually living in your household at this time. **Check yes or no** to identify if they contribute to payment of household expenses.

	<input type="checkbox"/> I live alone	Name	Relationship	This person helps pay expenses	
				Yes	No
1.				<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>

5. MONTHLY INCOME

Income from wages / salary is received: (check one) To calculate monthly gross income use the multiplier shown:
 weekly -multiply weekly income by 4.33 every other week (bi-weekly) -multiply bi-weekly income by 2.17
 monthly twice a month-multiply semi-monthly income by 2

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MONTHLY GROSS INCOME		
1.	Gross monthly income (before taxes and deductions) from salary and wages, including commissions, allowances and overtime.	
2.	Pensions, retirement funds and social security benefits received	
3.	Disability, Unemployment Insurance and/or public assistance funds received	
4.	Interest and Dividends received	
5.	Child Support and maintenance (spousal support) received	
6.	Rental payments received (from property you rent to others)	
7.	Bonuses received	
8.	Other sources of income received: (please specify)	
9.		
10.	Total Gross Income (add lines 1-9)	

MONTHLY DEDUCTIONS		
11.	Number of tax exemptions claimed _____	
12.	Monthly federal and state income tax, Social Security, and Medicare withholdings	
13.	Medical insurance	
14.	Other insurance (Life, disability, etc.)	
15.	Union or other dues	
16.	Retirement, pension and/or deferred compensation fund	
17.	Child support or spousal support payment deductions	
18.	Other deductions: (please specify)	
19.		
20.		
21.	Total Monthly Deductions (add lines 12 – 20)	
MONTHLY NET INCOME (subtract line 21 from line 10)		

6. CURRENT MONTHLY HOUSEHOLD EXPENSES

Monthly Household Expenses		
1.	Rent/mortgage payment/property taxes/home or rent insurance (primary residence)	
2.	Food	
3.	Utilities (electricity, heat, water, sewage, trash)	
4.	Telephone (local, long distance & cellular)	
5.	Cable/Satellite and Internet Services	
6.	Insurance (life, health, accident, auto, liability, disability, excluding insurance that is paid through payroll deductions)	
7.	Auto payments (loans/leases), auto expenses (gas, oil, repairs, maintenance), and transportation (other than automobile)	
8.	Medical, dental and prescription drug expenses (not covered by insurance)	
9.	Childcare (babysitting and day care)	
10.	Child support or spousal support payments (Exclude payments made through payroll deductions)	
11.	Other expenses	
Other Monthly installment payments:		
12.	Mortgage (other than primary mortgage)	
13.	Other vehicle payments (RV, boat, ATV)	
14.	Credit card debt (total minimum monthly payments)	
15.	Court ordered obligations	
16.	Student loans	
17.	Other personal loans	
18.		
TOTAL MONTHLY EXPENSES (Add lines 1-18)		

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7. I do do not have assets (vehicles, real estate, personal property, stocks, retirement accounts, etc.) with a total fair market value of \$10,000 or more at this time.
8. **DECLARATION: I declare under penalty of perjury that the above, including all attachments are complete, true and correct.**

Sign and print your name.
Enter the date on which you signed your name.

Note: This signature does not need to be notarized.

▶ _____
Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)