

PLAINTIFF

NUMBER: ; DIVISION “ ”

VERSUS

\_\_\_\_\_ COURT

DEFENDANT

PARISH OF \_\_\_\_\_

STATE OF LOUISIANA

**INCOME EXPENSE AFFIDAVIT OF CLIENT NAME**

<b>Gross Monthly Income:</b>	<b>Total:</b>
Wages and Commissions (Gross)	\$
Bonuses (Gross)	\$
Car Allowance	\$
Other Expense Reimbursement	\$
Interest	\$
Dividends	\$
Rents and Royalties (Net)	\$
Business Profits (Pre-Tax)	\$
Recurring Capital Gains	\$
Trust Income	\$
Recurring Gifts	\$
Other gross monthly income of party	\$
<b>Total Gross Monthly Income:</b>	<b>\$</b>
<b>Itemized Payroll Deductions:</b>	<b>Total:</b>
Federal Taxes	\$
State Taxes	\$
Social Security	\$
Medicare	\$
401K Contributions	\$
401K Loan	\$
Mandatory Retirement Contributions	\$
Health Insurance	\$
Life Insurance	\$
Dental and Vision Insurance	\$
Disability Insurance	\$
Health Savings Account	\$
Other Deductions (detail)	\$
<b>Total Monthly Payroll Deductions:</b>	<b>\$</b>
<b>Tax Liability (not deducted from Day roll):</b>	<b>Total:</b>
Federal Income Taxes	\$
State Income Taxes	\$
Self Employment Tax	\$
Other	\$
<b>Total Monthly Tax Liability (not deducted from payroll)</b>	<b>\$</b>

**Total Net Monthly Income:**

\$

**Income of Children:****Total:**

Social Security	\$
Investment	\$
Trust	\$
Other income of children	\$
<b>Monthly Expenses (List current ongoing expenses):</b>	<b>Total:</b>

**Housing:**

Mortgage/rent	\$
Second Mortgage or Home Equity Line of Credit	\$
Real Estate Taxes (not included in mortgage note)	\$
Homeowner's/Condo Association Dues	\$
Homeowners/Renter's Insurance	\$
Flood Insurance	\$
Security System	\$
Furniture Rental	\$
Lawn Care	\$
Pool Service	\$
Repairs/Maintenance	\$
Pest Control	\$
Maid Service	\$
Other (detail)	\$

**Food and Household Supplies:**

Food	\$
Household Supplies	\$

**Clothing:**

Clothing	\$
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**Transportation/Automobile:**

Car note/lease	\$
Maintenance	\$
Gas and Oil	\$
Repairs	\$
Insurance	\$

**Medical and Dental:**

Insurance (Hospitalization and Major Medical)	\$
Insurance (Deduction from payroll, if not listed in Section B)	\$
Prescriptions	\$
Over the counter medications	\$
Expenses not covered by insurance	\$
Routine medical exams	\$
Contacts/Glasses	\$
Counseling	\$
Dental Maintenance	\$
Orthodontics	\$

**Utilities:**

Water	\$
Electric	\$
Garbage	\$
Pool	\$
Cable/Satellite TV	\$
Natural Gas/Propane	\$
Household Phone	\$
Computer	\$
Cellular Phone	\$

**Laundry and Cleaning:**

Dry Cleaning	\$
Laundry	\$

**Personal and Grooming:**

Haircuts	\$
Nails	\$
Cosmetics	\$
Other (detail)	\$

**Education Expenses:**

Tuition (less amount of tuition assistance)	\$
Registration and Mandatory Fees	\$
Transportation	\$
Fees (Gym, Band, Cheerleading, Sports, etc.)	\$
Books and Supplies	\$
Tutoring	\$
Other (Field Trip, etc.)	\$

**Child Care Expenses - Work Related:** (\*Child care expenses from above are subject to reduction for Federal Child Care Tax Credit and will be addressed by the court.)

School Year Daycare (less child care assistance)	\$
Summer Daycare (less child care assistance)	\$
Before/After Care (not included above)	\$
Babysitter	\$

**Child Care Expenses - Non-Work Related:**

Daycare	\$
Babysitter	\$

**Judgments of Child Support:** (\*for children other than those of this marriage/relationship)

\$
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**Fixed Obligations:**

Credit Cards	Account Name:	Minimum Monthly Payment:
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Credit Union (minimum monthly payment)	\$
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Department Store Balances:	Account Name:	Minimum Monthly Payment:
1.		\$
2.		\$
3.		\$
4.		\$

Life Insurance (If not deducted from payroll)	\$
Disability Insurance (If not deducted from payroll)	\$
Other Insurance (detail)	\$

**Entertainment/Holiday Expenses:**

Birthdays	\$
Holiday Expenses	\$
Gifts from Children to others	\$
Books, Magazines, etc., Subscriptions	\$
Entertainment	\$
Meals away from home	\$
Other (Detail)	\$

**Extracurricular Activities:**

Health Club Membership	\$
Music Lessons/Fees	\$
Dance Lessons/Fees	\$
Sports Fee	\$
Dance	\$
Summer Camp	\$
Golf, Country, or Raquet Clubs	\$
Equipment and Uniforms	\$
Personal Trainer	\$

**Other:**

Charitable Contributions	\$
Professional Dues	\$
Vacations with Children	\$
Pet expenses:	
1. Food	\$
2. Vet/Grooming	\$
3. Boarding	\$
<b>Total Monthly Expenses:</b>	<b>\$</b>

\_\_\_\_\_  
**CLIENT NAME**

**SWORN TO AND SUBSCRIBED**, before me, Notary Public, on this the \_\_\_\_\_ day of \_\_\_\_\_, 2023, at Baton Rouge, Louisiana.

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**NOTARY PUBLIC**