

IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, OHIO
DOMESTIC RELATIONS DIVISION
CHILD SUPPORT CALCULATION WORKSHEET – HB 119
SPLIT CUSTODY - O.R.C. SECTION 3119.023
[DR 4]

Case Name: _____ Case Number: _____

Number of Minor Children: _____

Number of minor children residing with Mother: _____ Number of minor children residing with Father: _____

Father has _____ pay periods annually Mother has _____ pay periods annually.

	COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
INCOME:			
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 and bonuses, self-employment income or commissions)	\$ _____	\$ _____	
1b. Amount of overtime, bonuses, and commissions. (Year 1 represents the most recent year)			
	FATHER	MOTHER	
Year 3 (three years ago)	\$ _____	\$ _____	
Year 2 (two years ago)	\$ _____	\$ _____	
Year 1 (last calendar year)	\$ _____	\$ _____	
AVERAGE: (Include in Column I and/or Column 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 current calendar year will be less than the lower of the average of the three years or the Year 1 amount, include only the amount reasonably expected to be earned this year.)	\$ _____	\$ _____	
2. For self-employment income:			
a. Gross receipts from business	\$ _____	\$ _____	
b. Ordinary and necessary business expenses	\$ _____	\$ _____	
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	\$ _____	\$ _____	
d. Adjusted gross income from self-employment (subtract the sum of 2b and 2c from 2a)	\$ _____	\$ _____	
3. Annual income from interest and dividends (whether or not taxable)	\$ _____	\$ _____	
4. Annual income from unemployment compensation	\$ _____	\$ _____	
5. Annual income from workers' compensation, disability insurance benefits, or social security disability/retirement benefits	\$ _____	\$ _____	
6. Other annual income (identify) _____	\$ _____	\$ _____	
7a. Total annual gross income (add lines 1a, 1b, 2d, and 3-6)	\$ _____	\$ _____	

		COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
7b.	Health Insurance Maximum: (Multiply Line 7a by 5%)	\$ _____	\$ _____	
	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)	\$ _____	\$ _____	
9.	Annual court-ordered support paid for other children	\$ _____	\$ _____	
10.	Annual court-ordered spousal support paid to any spouse or former spouse	\$ _____	\$ _____	
11.	Amount of local income taxes actually paid or estimated to be paid	\$ _____	\$ _____	
12.	Mandatory work-related deductions such as union dues, uniform fees, etc. (Not including taxes, social security, or retirement)	\$ _____	\$ _____	
13.	Total gross income adjustments: (add Lines 8-12)	\$ _____	\$ _____	
14a.	Adjusted gross income (subtract Line 13 from Line 7a)	\$ _____	\$ _____	
14b.	Cash Medical Support Maximum (BOTH PARENTS)			
	Father: If the amount on Line 7a, Column I is under 150% of the federal poverty level for an individual, enter \$0 on Line 14b, Column I. If the amount on Line 7a, Column I is 150% or higher of the federal poverty level for an individual, multiply the amount on Line 14a, Column I by 5% and enter this amount on Line 14b, Column I.	\$ _____		
	Mother If the amount on Line 7a, Column I is under 150% of the federal poverty level for an individual, enter \$0 on Line 14b, Column II. If the amount on Line 7a, Column II is 150% or higher of the federal poverty level for an individual, multiply the amount on Line 14a, Column II by 5% and enter this amount on Line 14b, Column II.		\$ _____	
15.	Combined annual income that is basis for child support order (add Line 14a Column I and Column II)			\$ _____
16.	Percentage parent's income to total income			
	a. Father (divide line 14a, Column I by Line 15, Column III)	_____ %		
	b. Mother (divide line 14a, Column II by line 15, Column III)		_____ %	
17.	Basic combined child support obligation (Refer to schedule, first column, locate the amount nearest to the amount on Line 15, Column III, then refer to column for number of children with this parent. If the income of the parents is more than one sum but less than another, you may calculate the difference).			
	a. For children for whom MOTHER is the residential parent and legal custodian	\$ _____		
	b. For children for whom FATHER is the residential parent and legal custodian		\$ _____	
18.	Annual support obligation per parent:			
	a. FATHER (Multiply Line 17, Column I, by Line 16a)	\$ _____		

COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
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b. **MOTHER** (Multiply Line 17, Column II, by Line 16b) \$ _____

19. Annual childcare expenses for children who are the subject of this order that are work-, employment training-, or education-related, as approved by court or agency (deduct tax credit from annual cost, whether or not claimed). \$ _____ \$ _____

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). \$ _____ \$ _____

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.) \$ _____ \$ _____

21. **ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS PROVIDED:**

FATHER:

MOTHER:

a. **ADDITIONS:** Line 16a times sum of amounts shown on Line 19, Column II and Line 20a, Column II.

b. **ADDITIONS:** Line 16b times sum of amounts shown on Line 19, Column I and Line 20a, Column II

\$ _____

\$ _____

c. **SUBTRACTIONS:** Line 16b times sum of amounts shown on Line 19, Column I and Line 20a, Column I.

d. **SUBTRACTIONS:** Line 16a times sum of amounts shown on Line 19, Column II and Line 20a, Column II.

\$ _____

\$ _____

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

a. **FATHER:** Line 18a plus Line 21a, minus Line 21c. (If the amount on Line 21c is greater than or equal to the amount on Line 21a enter the number on Line 18a in Column I). \$ _____

b. Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by children for whom the mother is the residential parent and legal custodian or a person on behalf of those children due to death, disability, or retirement of the father. \$ _____

c. **Actual annual obligation of father:** (Subtract Line 22b from Line 22a) \$ _____

d. **MOTHER:** Line 18b plus Line 21b, minus Line 21d. (If the amount on Line 21d is greater than or equal to the amount on Line 21b enter the number on Line 18b in Column II) \$ _____

e. Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by children for whom the father is the residential parent and legal custodian or a person on behalf of those children due to death, disability, or retirement of the mother. \$ _____

f. **Actual annual obligation of mother:** (Subtract Line 22e from Line 22d) \$ _____

COLUMN I FATHER	COLUMN II MOTHER	COLUMN III COMBINED
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g. **Actual annual obligation payable:** (Subtract lesser actual annual obligation from greater actual annual obligation using amounts in Lines 22c and 22f to determine net child support payable).

\$ _____ \$ _____

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

FATHER: (Only if obligor or shared parenting)

MOTHER: (Only if obligor or shared parenting)

a. **ADDITIONS:** Line 16a times sum of amounts shown on Line 19, Column II and Line 20b, Column II.

b. **ADDITIONS:** Line 16b times sum of amounts shown on Line 19, Column I and Line 20b, Column II

\$ _____

\$ _____

c. **SUBTRACTIONS:** Line 16b times sum of amounts shown on Line 19, Column I and Line 20b, Column I.

d. **SUBTRACTIONS:** Line 16a times sum of amounts shown on Line 19, Column II and Line 20b, Column II.

\$ _____

\$ _____

24. **ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS NOT PROVIDED:**

FATHER:

a. Line 18a plus Line 23a, minus Line 23c. (If the amount on Line 23c is greater than or equal to the amount on Line 23a, enter the number on Line 18a in Column I).

\$ _____

b. Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by children for whom the mother is the residential parent and legal custodian or a person on behalf of those children due to death, disability, or retirement of the father.

\$ _____

c. **Actual annual obligation of father:**
(Subtract Line 24b from Line 24a)

\$ _____

MOTHER:

d. Line 18b plus Line 23b, minus Line 23d. (If the amount on Line 23d is greater than or equal to the amount on Line 23b enter the number on Line 18b in Column II)

\$ _____

e. Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by children for whom the father is the residential parent and legal custodian or a person on behalf of those children due to death, disability, or retirement of the mother.

\$ _____

\$ _____

f. **Actual annual obligation of mother:**
(Subtract Line 24e from Line 24d)

g. **Actual annual obligation payable:** (Subtract lesser actual annual obligation from greater annual obligation of the parents using amounts in Lines 24c and 24f to determine net child support payable).

\$ _____ \$ _____

\$ _____

h. Add Line 20b, Column I to Line 24g, Column I when **FATHER** is the obligor

OR

Add Line 20b, column II to Line 24g, Column II when **MOTHER** is the obligor

\$ _____

25. Deviation from split residential parent guideline amount shown on Line 22f, 24c, or 24f if amount would be unjust or inappropriate: (ORC 3119.23). **Specific facts and monetary value must be stated.** \$ _____

	WHEN HEALTH INSURANCE IS PROVIDED	WHEN HEALTH INSURANCE IS NOT PROVIDED
26. FINAL CHILD SUPPORT FIGURE: (This amount reflects final annual child support obligation; in Column I, enter Line 22g plus or minus any amounts indicated in Line 25. In Column II, enter Line 24g plus or minus any amounts indicated in Line 25.)	\$ _____	\$ _____
27. FOR DECREE: CHILD SUPPORT PER MONTH (Divide obligor's annual share, Line 26, by 12 months)	\$ _____	\$ _____
Plus 2% processing charge	\$ _____	\$ _____
28. FINAL CASH MEDICAL SUPPORT FIGURE: (This amount reflects the final annual cash medical support to be paid by the child support obligor when neither parent provides health insurance coverage for the child; Enter obligor's cash medical support from Line 20b)	\$ _____	
29. FOR DECREE: Cash medical support per month: (Divide Line 28 by 12)	\$ _____	
Plus 2% processing charge	\$ _____	

Calculations have been reviewed and approved:

 Father

 Mother

 Father's Attorney

 Mother's Attorney

 Prepared by:

 Date of Calculation