WARM UP SCENARIOS

First Scenario

One child
CP Mother on public assistance (i.e. it is an "aided" case)
NCP Father earns \$15/hr. full time
Father does not see the child
No other facts (no add-ons, deductions, etc.)
What is guideline child support amount?

Second Scenario

Two cases are on your calendar: the first case is Scenario 1 case above (all facts same) Second case - is identical factually to the case above -i.e. it is also an aided case and NCP Father does not see the child in this case either, no other facts.

What is guideline child support amount for:

1 st case?	4
2 nd case?	

WARM-UP RESULTS:

Scenario 1: \$530

Scenario 2:

1st case \$424 2nd case \$424



Assume you make the findings below: (All amounts monthly unless otherwise noted)

- Timeshare with Bob (NCP):
 - •10 yr. old Alice = 24%
 - •5 yr. old Ted = 5%
- •Gross monthly incomes:
 - •Bob: \$10,000 Self-Employed + \$3,000 non-taxable income + \$1050 interest
 - •Carol: \$5,000 W-2 wages + \$12,000 annual bonus
- •Tax filing status:
 - •Father: Single & one
 - •Mother: Head of Household & three
- Other factors:
 - •Bob: \$2,200 mortgage interest, \$350 property tax + \$375 pre-tax health ins. + other child support of \$675
 - •Carol: \$95 union dues + \$575 post tax health ins. + \$275 non Roth IRA; Carol is a Texas resident (no state taxes)
 - •Carol is also seeking temporary spousal support (you sit in Santa Clara County)

"Maximize" the results – i.e. release the exemptions (aka "Tactic 9")

What is "maximized" gui	deline child support?	Temporary SS?
What is "non-maximized"	'guideline child support?	Temporary SS?

HYPO #2: HANDOUT of "Proposed" LCSA Calculation for Hypo#1 ("non-maximized")
The LCSA's proposed calculation is different from your calculation above.
Having confirmed your calculation is correct, review the LCSA calculation:

WHERE DID THE LCSA GO WRONG? (CIRCLE all errors on your HANDOUT)





Manthly Compant T-4-1-		_	-			(0)	FOLE	
Monthly Support Totals		_			arent 1			Parent
Monthly Child Support Amount		2265.00			0.0			
Basic Child Support Amount		2265.00			0.0			
Child Support Add-Ons Amount					0.00	0		0.0
Child Care		_			0.00			0.0
Visits/Travel Expenses					0.00			0.0
School Expenses					0.00			0.0
Uninsured Health Expenses					0.00			0.0
Total Arrears Support Amount					0.00			0.0
Temporary Spousal Support Amount (Alameda F					1011.00			0.0
Monthly Tax/Income Information (Tax Year: 20	12)			P	arent 1			Parent
Monthly Net Disposable Income				8	3793.00			4508.0
Monthly Taxable & Non-Taxable Gross Income				14	1050.00			6000.0
Monthly Taxable Gross Income				11	050.00			5725.0
Monthly Non-Taxable Gross Income				3	3000.00			0.0
Federal Adjusted Gross Income					439.00			5725.0
Federal Taxable Income					256.00			4050.0
Net Income After Support				6	528.00			6773.0
Federal Tax Filing Status					INGLE	HEA	D OF HOU	
Number of Tax Exemptions (Federal)					2			
State Tax Filing Status			SAN	IE AS FEI	DERAL		SAME AS	FEDERA
Number of Tax Exemptions (State)					2	OAME AO I EDEN		
Federal Tax Liabilities				1	487.00	483		483.0
State Tax Liabilities					499.00			0.0
FICA (Social Security and/or Medicare)					0.00			339.0
Self-Employment Tax				1	222.00			0.0
CASDI		\vdash			0.00			0.0
TANF/CalWORKS					NO			NC
Other Monthly Deduction Totals				P	arent 1			Parent 2
Child Support Paid (Other Relationships)		_			675.00			0.00
Required Union Dues					0.00			95.00
Mandatory Retirement					0.00			
Job Related Expenses & Spousal Support Other					0.00			0.00
Relationship					0.00			0.00
Health Insurance Premium					375.00			575.00
Hardship Deduction Amount					0.00			0.00
Hardship Deduction Children					0.0			0.0
Extraordinary Health Expenses					0.00	0.00		
Jninsured Catastrophic Losses				1	00.00	71		0.00
Monthly Support Amounts Per Child	% Tii witi Parer	h	Parent 1 Add- Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add- Ons	Parent 2 Support	Parent 2 Total
FIRST-BORN		24.0	0.00	720.00	720.00	0.00	0.00	0.00
SECOND-BORN		5.0		1545.00		0.00	0.00	0.00
			5.50		.0.00	0.00	0.00	0.00
Average % Time with Parent 1	1	5.0%	0.00	2265.00	2265.00	0.00	0.00	0.00

PARENT 1 is required to pay PARENT 2 \$2265.00 in CURRENT SUPPORT

Tot	al Child Support Ar	rears Per Child						
	Child Name	Prior Period Date Range	Parent 1	Parent 1	Parent 1	Parent 2	Parent 2	Parent 2

HYPO 2 (10f4)

		Add-Ons	Support	Total	Add-Ons	Support	Total
FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
SECOND-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Guideline Calculation Results Detail

Tax Setti	ngs Information	
	Parent 1	Parent 2
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA (Social Security and Medicare)	YES	YES
Include Medicare	YES	YES
Earned Income Credit	YES	YES
Number of Children for Child Care Credits	1	1
Number of Children for Earned Income Credits	1	1
Number of Children for Child Tax Credits	1	1
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or Older	NO	NO
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES
State Tax Settings		
Include California State Income Taxes	YES	NO
California State Disability Insurance	YES	NO
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	NO	NO
California Earned Income Tax Credit	NO	NO
Number of Children for Child Tax Credits	1	1
Include Other State Income Taxes	NO	NO
Other State Tax Rate	%	%
Other State Tax Amount		70
Deduction type when Parent 1 and Parent 2 are Married Filing Separately		

Monthly Income I	nformation	
	Parent 1	Parent 2
Wages/Salary	0.00	6000.00
Parent 1: Based on earned income: \$0.00 MONTHLY		
Parent 2: Based on earned income: \$6000.00 MONTHLY		
Self-Employment Income	10000.00	0.00
Unemployment Compensation	0.00	0.00
Disability (Taxable)	0.00	0.00
Total Other Taxable Income	1050.00	0,00
Social Security Income (Taxable)	0.00	0.00
Other Income (Retirement, Annuity, SS Other Rel, Operating Losses, etc)	1050.00	0.00



Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	3000.00	0.00
Other Non-Taxable Income	3000.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions	,	
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deducti	on Information	
	Parent 1	Parent
Child Support Paid (Other Relationships)	675.00	0.0
Spousal Support Paid This Relationship	0.00	0.0
Property Tax	350.00	0.0
Mortgage Interest	2200.00	0.0
Other Itemized Deductions	0.00	0.0
Other Medical Expenses	0.00	0.0
Deductable Interest Expenses	0.00	0.0
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	95.00
Total Health Insurance Premium	375.00	575.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	375.00	575.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	275.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	275.00



Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	1000.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0,00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

- •You have two cases left on your Tuesday calendar, line items 3 and 4. Here are the facts:
- *Both cases involve the same NCP father, but different CP mothers, each with one child only.

• <u>Father (NCP)</u> :	Mother (line 3)	Mother (line 4)
•\$4,625/mo. (W-2)	\$2,627/mo. (W-2)	\$6,375/mo. (W-2)
•Single 1	HH2	HH2
•Timeshare $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$	3% w/F → -	→ 25% w/F
*\$375 health ins.(post-tax)	\$125 health ins. (pre-tax)	\$275 health ins. (post-tax)
■\$50 job related expenses	\$250/mo. Mandatory .	\$50 union dues
\$1,125 mortgage interest	Retirement (tax-deferred)	
\$275/mo. property taxes	= '-	

•Your ruling as to monthly guideline child support? (Assume no deviation issues raised)

Line 4 _____

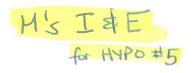
You're down to your <i>last</i> case on your Wednesday calendar. Here are the facts:
■Two children – split custody. Both parents file HH & 2
•Father has the youngest child and is receiving CalWorks (participating in the welfare to work program).
■Mother has the older child, and earns \$1950 bi-weekly (W-2). Mother also has extraordinary medical expenses of \$75/mo.
•Father does not see the older child at all. Mother sees the younger child 40% of the time.
Your order? Guideline monthly child support:, payable from to
Allocation? (Payable in what direction for each?)
1st born 2nd born
What if the younger child emancipates early (<i>before</i> older child)? What would be your ruling on guideline?

In the middle of your long Monday afternoon calendar you get another split custody case for 3 children. Both parents have filed updated Income & Expense declarations, which you have in front of you. (Two I& E Handouts). Both want to briefly address the court and state:

DAD: Your honor, all of my financial information is contained in my Income & Expense Declaration. All three boys live with me. I also have a daughter from my first marriage living with me full time and I'm asking for what I believe is called a 'hardship.' Although they haven't told their mother, all my boys want to live with me full time. I was honorably discharged from the Marines after serving this country for 20 years, including three combat tours in the Middle East. This should account for something. I claim Kim and the youngest, Max, as dependents on my taxes.

MOM: My current Income & Expense Declaration is on file with the court. While I agree with the pattern of visitation listed in Father's statement, I'm asking the court to give me full custody & Father having reasonable visitation. I believe this is in our children's best interest. I claim Sam and Jack as dependents on my taxes. Oh, and I agree Dad can claim Kim as a hardship, she's expensive, that's fair.

Your order?	Guideline monthly child sup	pport:,	payable from	to
Allocation?	Payable in what direction or	n each?)		
1st bor	n 2nd born	3rd born		



	FL-150
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Mother	FOR COURT USE ONLY
360 College Avenue	
Weed, CA 96094	
TELEPHONE NO.: (530) 555-9931	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SISKIYOU	
STREET ADDRESS: 311 4th Street	
MAILING ADDRESS	
CITY AND ZIP CODE: Yreka, CA 96097	
BRANCH NAME:	
PETITIONER/PLAINTIFF: Father	
RESPONDENT/DEFENDANT: Mother	
OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: SSC 10-4453
1 Employment (Chairfean)	
1. Employment (Give information on your current job or, if you're unemployed, your mos	t recent job.)
a. Employer; CA Health Care Attach copies h. Employer's address: 5600 North Umber Read Weed CA	
of your pay	
stubs for last C. Employer's phone number:	
two months d. Occupation: Nurse's Assistant	
(black out e. Date job started: Feb. 20, 2002	
social f. If unemployed, date job ended:	
numbers). g. I work about 40+ hours per week.	
h. I get paid \$ 5,500 gross (before taxes) per month	per week per hour.
(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the sijobs. Write "Question 1—Other Jobs" at the top.)	ame information as above for your other
2. Age and education	
a. My age is (specify); 45	
	ighest grade completed (specify):
c. Number of years of college completed (specify): 4	ained (specify): BS Science
	s) obtained (specify):
e. I have: professional/occupational license(s) (specify): Nursing	
vocational training (specify):	
3. Tax information	
a. I last filed taxes for tax year (specify year): 2016	
b. My tax filing status is single head of household married, fil married, filing jointly with (specify name):	ing separately
c. I file state tax returns in California other (specify state):	
 d. I claim the following number of exemptions (including myself) on my taxes (specify): 	3
4. Other party's income. I estimate the gross monthly income (before taxes) of the other	party in this case at /snecify): \$ Unk
This estimate is based on (explain):	party in the edge de (apouny), was
Of you need more space to answer any succitions on this form of the first of the state of the st	
(If you need more space to answer any questions on this form, attach an 8½-by-11-in question number before your answer.) Number of pages attached:	ich sheet of paper and write the
decation number before your answer.) Number of pages attached:	
declare under penalty of perjury under the laws of the State of California that the information	on contained on all pages of this form and
any attachments is true and correct.	
Date:	
(TYPE OR PRINT NAME)	SIGNATURE OF DECLARANT)
	Page 1 of 4

Form Adopted for Mandatory Use Judicial Council of California FL-150 [Rev. January 1, 2007]

INCOME AND EXPENSE DECLARATION

Page 1 of 4
Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339 www.courtinfo.ca.gov

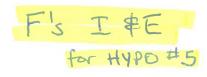
	Personal Company Cathorn		FL-150
	PETITIONER/PLAINTIFF: Father RESPONDENT/DEFENDANT: Mother	CASE NUMBER:	
1	OTHER PARENT/CLAIMANT:	SSC 10-4453	
ta	ttach copies of your pay stubs for the last two months and proof of any other incor x return to the court hearing. <i>(Black out your social security number on the pay st</i>	ne. Take a copy of your lates ub and tax return.)	t federal
5.	and divide the total by 12.)	Last mont	Average h monthly
	a. Salary or wages (gross, before taxes)	Ψ.	5,500
	b. Overtime (gross, before taxes)	\$	
	c. Commissions or bonuses.		
	d. Public assistance (for example: TANF, SSI, GA/GR)	\$	
	e. Spousal support from this marriage from a different marriage		
	f. Partner support from this domestic partnership from a different do	mestic partnership \$	
	g. Pension/retirement fund payments		
	h. Social security retirement (not SSI)		
	i. Disability: Social security (not SSI) State disability (SDI)		
	j. Unemployment compensation	\$	
	k. Workers' compensation	· · · · · · · · · · · · · · · · · · ·	
	Other (military BAQ, royalty payments, etc.) (specify):		
6	Investment income (Attach a schedule showing gross receipts less cash expenses for		
O.	a. Dividends/interest	r each piece of property.)	
	b. Rental property income	¢	
	c. Trust income	\$	-
	d. Other (specify):	\$	
7.	Income from self-employment, after business expenses for all businesses	y):	
	Attach a profit and loss statement for the last two years or a Schedule C from you social security number. If you have more than one business, provide the information of the statement of the security number.	ur last federal tax return. Blac tion above for each of your b	k out your usinesses.
8.	Additional income. I received one-time money (lottery winnings, inheritance, etc amount):	c.) in the last 12 months (specify	source and
9.	Change in income. My financial situation has changed significantly over the last	12 months because (specify):	
10.	Deductions		Last month
	a. Required union dues		
	b. Required retirement payments (not social security, FICA, 401(k), or IRA)		
	c. Medical, hospital, dental, and other health insurance premiums (total monthly amount		
	d. Child support that I pay for children from other relationships		
	e. Spousal support that I pay by court order from a different marriage		
	f. Partner support that I pay by court order from a different domestic partnership		\$
	g. Necessary job-related expenses not reimbursed by my employer (attach explanation		
11	Assets		
,		t conquete	Total \$3,000
	a. Cash and checking accounts, savings, credit union, money market, and other deposi		
	b. Stocks, bonds, and other assets I could easily sell		225.000
-	c. All other property, v real and v personal (estimate fair market value m	ninus the debts you owe)	\$
-L-15	[Rev. January 1, 2007] INCOME AND EXPENSE DECLARATION		Page 2 of 4

	PETITIONER/PLAINTIFF: Father					CASE NUMBER:		PL-13
	SPONDENT/DEFENDANT: Mother [HER PARENT/CLAIMANT:						SC 10-445	3
12.	The following people live with me:							
	Name Age		How the person related to me? (That pers	on's gross ncome	Pays som	ne of the d expenses?
	a. Sam	4	son		0		Ye	s V No
	b. Jack	6	son		0		Ye:	-
	c. Robert	38	friend		Unk		✓ Ye	s No
	d.						Ye:	s No
	ė.						Ye:	s No
bb cc dd ee f.	(1) Rent or mortga If mortgage: (a) average principal: \$\frac{265}{1,235}\$ (b) average interest: \$\frac{1}{2,235}\$ (2) Real property taxes (3) Homeowner's or renter's insura (if not included above) (4) Maintenance and repair (b) Health-care costs not paid by insural conditions and household supplies (5) Eating out Utilities (gas, electric, water, trash)	ge\$ 15 \$ 22 Ince \$ ance\$ \$ 45 \$ \$ 26 \$ \$ 150	00 i. j. k. l. 5 m. o. p. 00 q. 00 r. s.	Laundry Clothes Educati Entertai Auto ex (insuran Insuran include Savings Charital Monthly (itemize Other (s	on nment, gift penses an ace, gas, re ce (life, ace auto, home and inves bele contribu payments below in 1 pecify): EXPENSE bunts in a(1	es Prophing	not rance) 4 al here)	\$ \frac{50}{75} \\ \$ \frac{100}{\$} \\ \$ \frac{550}{\$} \\ \$ \frac{550}{
	Paid to	For		Amo	ount	Balance	Date	of last payment
				\$		\$		
				\$		\$		
				\$		\$		
_				\$		\$		
_				\$		\$		
				\$		\$		
a b c	ttorney fees (This is required if either To date, I have paid my attorney this The source of this money was (specify) I still owe the following fees and costs My attorney's hourly rate is (specify)	s amount for ify); ts to my attor	fees and costs (sp	ecify): \$				
confi	irm this fee arrangement.							
Date:			<u>k</u>					
-	(TYPE OR PRINT NAME OF ATTORNEY)		<u> </u>			ICNATION OF THE	DAIEN	
150 [Rev. January 1, 2007)	LODIE AL	TWO DESCRIPTIONS OF THE PARTY O	101 10	(5)	IGNATURE OF ATTOR	UVE I)	

PETITIONER/PLAINTIFF: Father	CASE NUMBER:		
RESPONDENT/DEFENDANT: Mother	SSC 10-4453		
OTHER PARENT/CLAIMANT:	330 (3 240)		

	THER PARENT/CLAIMANT:		
	CHILD SUPPORT INFORMAT	ION	
	(NOTE: Fill out this page only if your case inv	7.77.7	
16.	Number of children		
	a. I have (specify number): 3 children under the age of 18 with the oth	er parent in this case.	
		ercent of their time with the oth	
	(If you're not sure about percentage or it has not been agreed on, please I agree with Father's statement regarding custody and visitation.	describe your parenting sched	ule here.)
	ragree with Father's statement regarding custody and visitation.		
17.	Children's health-care expenses		
	a, I do I do not have health insurance available to me for	r the children through my job.	
	b. Name of insurance company: CA Health		
	c. Address of insurance company: - 2200 Alabaster, Sacramento, CA		
	2200 Alabasidi, Sacialilettio, CA		
	d. The monthly cost for the shildren's health increase is account to	w. e 205	
	d. The monthly cost for the children's health insurance is or would be (specific to not include the amount your employer pays.)	city): \$ 325	
18.	Additional expenses for the children in this case	Amount per month	
	a. Child care so I can work or get job training	\$	
	b. Children's health care not covered by insurance	\$	
	c. Travel expenses for visitation	\$	
	d. Children's educational or other special needs (specify below):	\$	
19.	Special hardships. I ask the court to consider the following special financial	circumstances	
	(attach documentation of any item listed here, including court orders):		how many months?
	a. Extraordinary health expenses not included in 18b	\$	
	b. Major losses not covered by insurance (examples: fire, theft, other	.	
	insured loss)	\$	
	are living with me	\$	
	(2) Names and ages of those children (specify):		
	(0) 2(3)	•	
	(3) Child support I receive for those children	\$	
	The expenses listed in a, b, and c create an extreme financial hardship becau	se (explain):	
20.	Other information I want the court to know concerning support in my ca I pay \$75 per month into a 401k.	se (specify):	
	1 pay \$15 per month line a 40 fg.		

FL-150 [Rev. January 1, 2007]



ATTORNEY OF PARTY MITHOUT ATTORNEY WARE COLD	FL-150
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name. State Bar number, and address): Father	FOR COURT USE ONLY
1235 W. Oak Street	
Yreka, CA 96097	
/F00) FFF 000"	
TELEPHONE NO.: (530) 555-2287	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SISKIYOU	
STREET ADDRESS: 311 4th Street	
MAILING ADDRESS:	
CITY AND ZIP CODE: Yreka, CA 96097	
BRANCH NAME:	
PETITIONER/PLAINTIFF: Father	
RESPONDENT/DEFENDANT: Mother	
OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER. SSC 10-4453
1. Employment (Give information on your current job or, if you're unemployed, your mo	st recent inb.)
a. Employer: Self	0.100011,000,7
Attach copies b. Employer's address:	
of your pay stubs for last c. Employer's phone number:	
two months d. Occupation: Retired/Handyman	
(black out e. Date job started: Oct. 2012	
social f. If unemployed, date job ended:	
numbers). g. I work about 40 hours per week.	
h. I get paid \$ 4,775 gross (before taxes) per month	per week per hour.
(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the jobs. Write "Question 1—Other Jobs" at the top.)	same information as above for your other
2. Age and education	
a. My age is (specify): 50	
b. I have completed high school or the equivalent: Yes No If no.	highest grade completed (specify):
	tained (specify):
and the second s	e(s) obtained (specify):
e. I have: professional/occupational license(s) (specify):	
vocational training (specify):	
3. Tax information	
a. I last filed taxes for tax year (specify year): 2016	
	iling separately
married, filing jointly with (specify name):	
c. I file state tax returns in California other (specify state):	
d. I claim the following number of exemptions (including myself) on my taxes (specify): 3
1. Other party's income. I estimate the gross monthly income (before taxes) of the other	
This estimate is based on (explain). Mother's statement at last visitation exchange.	r party in this case at (specify): \$5,000
(If you need more space to answer any questions on this form, attach an 8½-by-11-question number before your answer.) Number of pages attached:	nch sheet of paper and write the
declare under penalty of perjury under the laws of the State of California that the information any attachments is true and correct.	ion contained on all pages of this form and
Date:	
(TYPE OR PRINT NAME)	(O)CALATI IDE OF DEGLADAATE
(11CE ANCIDIAL MAINE)	(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use Judicial Council of California FL-150 [Rev. January 1, 2007]

INCOME AND EXPENSE DECLARATION

Page 1 of 4
Family Code, §§ 2030–2032,
2100–2113, 3552, 3620–3634,
4050–4076, 4300–4339
www.courlinfo.ca.gov



PETITIONER/PLAINTIFF; Father	CASE NUMBER:	FL-15
RESPONDENT/DEFENDANT: Mother		
OTHER PARENT/CLAIMANT:	SSC 10-4453	
Attach copies of your pay stubs for the last two months and proof of any other ax return to the court hearing. (Black out your social security number on the last return to the court hearing. (Black out your social security number on the last return to the court hearing. (Black out your social security number on the last return to the court hearing. (Black out your social security number on the last return to the court hearing. (Black out your social security number on the last two months and proof of any other ax return to the court hearing. (Black out your social security received in each cate and divide the total by 12.) a. Salary or wages (gross, before taxes). b. Overtime (gross, before taxes). c. Commissions or bonuses. d. Public assistance (for example: TANF, SSI, GA/GR)	pay stub and tax return.) gory in the last 12 months Last month \$ viving \$ iving \$ iverent domestic partnership \$ \$ 1,375 \$ Private insurance \$ \$ \$	Average monthly
6. Investment income (Attach a schedule showing gross receipts less cash expera. b. Rental property income c. Trust income. d. Other (specify):	nses for each piece of property.)	
Income from self-employment, after business expenses for all businesses I am the owner/sole proprietor business partner other Number of years in this business (specify): 5 Name of business (specify): Right-Hand Man Type of business (specify): Handyman/odd jobs Attach a profit and loss statement for the last two years or a Schedule C from social security number. If you have more than one business, provide the	(specify):	k out vour
Additional income. I received one-time money (lottery winnings, inherita amount):		
. Change in income. My financial situation has changed significantly over	the last 12 months because (specify):	
a. Required union dues b. Required retirement payments (not social security, FICA, 401(k), or IRA) c. Medical, hospital, dental, and other health insurance premiums (total monthly d. Child support that I pay for children from other relationships. e. Spousal support that I pay by court order from a different marriage. f. Partner support that I pay by court order from a different domestic partnership. Necessary job-related expenses not reimbursed by my employer (attach expenses).	y amount).	\$ \$475 \$ \$
a. Cash and checking accounts, savings, credit union, money market, and other b. Stocks, bonds, and other assets I could easily sell c. All other property, real and personal (estimate fair market)	,	Total \$1,945 \$ \$10,000



				4	FL-15
PETITIONER/PLAINTIFF: Father RESPONDENT/DEFENDANT: Mother			(4)	CASE NUMBER:	
OTHER PARENT/CLAIMANT:				SSC 10-4453	
12. The following people live with n	ie:				
Name	Age	How the person is related to me? (ex:		person's gross hly income	Pays some of the household expenses?
a. Max 2		son	0		Yes No
b. Sam	4	son	0		Yes V No
c. Jack	6	son	0		Yes V No
d. Kim e.	8	daughter	0		Yes No
If mortgage: (a) average principal: \$	surance \$surance \$s	h. Lat ,800 i. Clc j. Edi k. Ent l. Aut (ins m. Ins inci n. Sav o. Ch p. Mo (ite) 00 q. Oth 50 r. TO the 80 s. An	thes	t, gifts, and vacations and transportations, repairs, bus, etc., accident, etc., do nome, or health instructions	\$ 30 \$ 5 \$ 100 \$ 100 \$ 600 not urance)\$ 600 \$ 5 \$ 14 tal here)\$ 100 \$ 5 ot add in \$ 3,710
Paid to	For		Amount	Balance	Date of last payment
Home Depot	Tools		\$ 50	\$1,500	08/17
Lowes	Materials		\$ 50	\$650	08/17
			\$	\$	
			\$	\$	
			\$	\$	
a. To date, I have paid my attorney b. The source of this money was (s. I still owe the following fees and d. My attorney's hourly rate is (spe	this amount for pecify): costs to my att	r fees and costs (specif		\$	
confirm this fee arrangement.					
ate:		•			
(TYPE OR PRINT NAME OF ATTORN	EY)			(SIGNATURE OF ATTO	PRNEY)
-150 [Rev. January 1, 2007]	INCOME A	ND EXPENSE DECL	ADATIO		Page 3 of

INCOME AND EXPENSE DECLARATION

Page 3 of 4



	FL-150
PETITIONER/PLAINTIFF; Father	CASE NUMBER:
RESPONDENT/DEFENDANT: Mother	SSC 10-4453
OTHER PARENT/CLAIMANT:	900 10 4400
In the second se	

			CHILD SUPPORT INFORMATIO (NOTE: Fill out this page only if your case involved)	NO.	
16.	10.15	ما مده	er of children	es cinia support.)	
10.					
		Th (If Ma Sa Ja	ave (specify number): 3 children under the age of 18 with the other the children spend percent of their time with me and per you're not sure about percentage or it has not been agreed on, please down ax lives with me, but visits Mother every other weekend, every other Holio am lives with me 3 days each week ck lives with me half of each year in lives with me full time	cent of their time with the	chedule here.)
47	01		, , , , , , , , , , , , , , , , , , ,		
17.	a. b.	Na	en's health-care expenses I do let have health insurance available to me for the discussion of insurance company: dress of insurance company:	ne children through my j	ob.
	d.	The	e monthly cost for the children's health insurance is or would be (specify on not include the amount your employer pays.)):\$	
18.	Ad	diti	onal expenses for the children in this case	Amount per month	
	a,	Ch	ild care so I can work or get job training	\$	
	b.	Ch	ildren's health care not covered by insurance	\$	
	C.		evel expenses for visitation	\$	
	d.		ldren's educational or other special needs (specify below):	\$	
19.	(att	ach	Il hardships. I ask the court to consider the following special financial cir documentation of any item listed here, including court orders): raordinary health expenses not included in 18b.	cumstances Amount per month	For how many months?
				Φ	
	IJ,	ins	or losses not covered by insurance (examples: fire, theft, other ured loss)	\$	
	C,	(1)	Expenses for my minor children who are from other relationships and are living with me	\$ 800	ongoing
		(-)	Kim - 8		
		(3)	Child support I receive for those children.	\$ 200	
	The	ех	penses listed in a, b, and c create an extreme financial hardship because	(explain):	
20.	Oth	er i	nformation I want the court to know concerning support in my case	(specify):	

The first three matters on your Tuesday calendar involve the same NCP mother and two separate CP fathers and one child in foster care (father deceased). Mother has split custody with father #1 (of their 2 children), and 1 child with father #2. You make the following findings:

•Mother: \$2,600 W-2 wages, HH & 2, \$335 health ins. post-tax, \$298 in mandatory retirement, she pays \$200 child care for the youngest child (with F#1) in her custody.
■ Father #1: \$5,000 W-2 wages, HH & 2, \$576 health ins. pre tax; he pays \$300 child care for the eldest child, \$1,132 mortgage interest, \$208 property tax, eldest child is with him 67%, he sees the youngest child 5%.
■ Father #2: \$1733 W-2 wages, MFJ & 4, has a new child w/new spouse, and new spouse income of \$8760 (W-2), \$2342 mortgage interest, \$387 property tax, \$50 union dues; his timeshare is 90%.
Foster care case: Mother does not see the child in foster care
(No hardships in given in any of the cases)
Your findings?
Case #1 – split custody w/F#1: Guideline support "net": payable to
Allocation: Ch. 1 Ch. 2
Child care: "net" payable to
Case #2 - one child w/F#2·

Case #3 – child in Foster Care:

SUMMARY OF RESULTS

(Complete Answer Sheet to all Hypos)

WARM UP SCENARIOS: Scenario 1: \$530 / Scenario 2: 1st case - \$424; 2nd case - \$424

HYPO #1:

Non-Maximized Results:

Bob's net income: \$9,706 Carol's net income \$4,503

Child Support: Total C/S \$2,469

Ted support: \$1,672 Alice support: \$797 Spousal Support: \$1,295 Maximized Results: (Bob Single & 3; Carol H/H & 1)

Bob's net income: \$9,932 Carol's net income: \$4,198 Child support: **Total C/S \$2,539**

Ted support: \$1,711 Alice support: \$828 Spousal Support: \$1,475

HYPO #2: HANDOUT (Circle errors – 8 errors):

1. Wrong Tax Year (LCSA used 2012)

2. Bob's tax status (should be Single & 1)

3. No other state tax rate entered for Carol

4. Carol - missing 1 child tax credit (should be 2 in detail pages)

5. Bob's interest income (not under interest income)

6. Bob's health ins. (should be pre-tax)

7. Uninsured catastrophic losses included

8. Wrong county used for SS (should be Santa Clara)

HYPO #3:

Father's net income: Line 3: \$3,097 / Line 4: \$2,564 Mother's net income: Line 3: \$2,208 / Line 4: \$4,681

Child Support Line 3: \$757 Child Support Line 4: \$224

HYPO #4: Child Support: \$545 "net", payable from M to F

1st born: \$155 payable F to M / 2nd born: \$700 payable M to F

If the younger child emancipates early (before older child), C/S = \$0 (not \$155 as allocated when there are 2 children) Why? (Remember F on aid)

HYPO #5: C/S = **\$171** payable M to F [M's net income: \$4320; F's net income: \$5264]

1st born: \$92 payable from F to M 2nd born: \$290 payable from F to M 3rd born: \$553 payable from M to F

HYPO #6: Mother's net monthly income: #1: \$1226 / #2: \$1554 / #3: \$1631

Father #1 net monthly income: \$3875 Father #2 net monthly income: \$1370

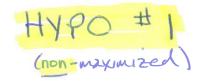
Children with Father #1: Total C/S = \$1,050, "net" payable from F to M

1st born: \$218 payable from F to M / 2nd born: \$882 payable from F to M

Child care \$50 "net" payable from M to F

Child with Father #2: C/S = \$328 total payable M to F (with LIA)

Child in Foster Care: C/S = \$405 (with LIA)



Calculation Results Summary

Monthly Support Totals		T		F	Parent 1			Parent 2	
Monthly Child Support Amount					2469.00	0.0			
Basic Child Support Amount				1	2469.00			0.00	
Child Support Add-Ons Amount					0.00			0.00	
Child Care					0.00			0.00	
Visits/Travel Expenses					0.00			0.00	
School Expenses					0.00			0.00	
Uninsured Health Expenses					0.00			0.00	
Total Arrears Support Amount		T			0.00			0.00	
Temporary Spousal Support Amount (Santa Clar Formula)	a				1295.00		-	0.00	
Monthly Tax/Income Information (Tax Year: 20	17)	\top		Р	arent 1			Parent 2	
Monthly Net Disposable Income		1			706.00			4503.00	
Monthly Taxable & Non-Taxable Gross Income		T			1050.00			6000.00	
Monthly Taxable Gross Income		\vdash	-		675.00			5725.00	
Monthly Non-Taxable Gross Income		T			3000.00			0.00	
Federal Adjusted Gross Income					969.00			5725.00	
Federal Taxable Income		Ť			081.00			3933.00	
Net Income After Support					237.00			6972.00	
Federal Tax Filing Status					INGLE	HEA	D OF HOL	JSEHOLD	
Number of Tax Exemptions (Federal)					1			3	
State Tax Filing Status			SAN	IE AS FEI	DERAL				
Number of Tax Exemptions (State)					1		~	0	
Federal Tax Liabilities				1	415.00	368.		368.00	
State Tax Liabilities					466.00			0.00	
FICA (Social Security and/or Medicare)					0.00			459.00	
Self-Employment Tax				1	413.00			0.00	
CASDI					0.00			0.00	
TANF/CalWORKS					NO	N			
Other Monthly Deduction Totals				Pa	arent 1	Parent 2			
Child Support Paid (Other Relationships)					675.00			0.00	
Required Union Dues					0.00	95.0			
Mandatory Retirement					0.00			0.00	
Job Related Expenses & Spousal Support Other Relationship			(4)		0.00			0.00	
Health Insurance Premium					375.00			575.00	
Hardship Deduction Amount					0.00			0.00	
Hardship Deduction Children					0.0			0.0	
Extraordinary Health Expenses					0.00			0.00	
Uninsured Catastrophic Losses		0.00						0.00	
Monthly Support Amounts Per Child	% Tir wit Parer	h	Parent 1 Add- Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add- Ons	Parent 2 Support	Parent 2 Total	
FIRST-BORN		24.0	0.00	797.00	797.00	0.00	0.00	0.00	
SECOND-BORN		5.0	0.00	1672.00	1672.00	0.00	0.00	0.00	
A constant of Time III B									
Average % Time with Parent 1	1	5.0%	0.00	2469.00	2469.00	0.00	0.00	0.00	

PARENT 1 is required to pay PARENT 2 \$2469.00 in CURRENT SUPPORT

Total Child Support Arrears Per Child

(1064)

Child Name	Prior Period Date Range	Parent 1 Add-Ons			Parent 2 Add-Ons		Parent 2 Total
FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
SECOND-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Guideline Calculation Results Detail

Tax Settin	gs Information	
	Parent 1	Parent 2
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA (Social Security and Medicare)	YES	YES
Include Medicare	YES	YES
Earned Income Credit	YES	YES
Number of Children for Child Care Credits	0	2
Number of Children for Earned Income Credits	0	2
Number of Children for Child Tax Credits	0	2
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or Older	NO	NO
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES
State Tax Settings		
Include California State Income Taxes	YES	NO
California State Disability Insurance	YES	NO
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	NO	NO
California Earned Income Tax Credit	YES	NO
Number of Children for Child Tax Credits	0	0
Include Other State Income Taxes	NO	YES
Other State Tax Rate	%	0.0%
Other State Tax Amount		
Deduction type when Parent 1 and Parent 2 are Married Filing Separately		

Monthly Income Information				
	Parent 1	Parent 2		
Wages/Salary	0.00	6000.00		
Parent 1: Based on earned income: \$0.00 MONTHLY				
Parent 2: Based on earned income: \$6000.00 MONTHLY				
Self-Employment Income	10000.00	0.00		
Unemployment Compensation	0.00	0.00		
Disability (Taxable)	0.00	0.00		
Total Other Taxable Income	1050.00	0.00		
Social Security Income (Taxable)	0.00	0.00		
Other Income (Retirement, Annuity,SS Other Rel,	0.00	0.00		

Hypol (von-maximized)

(Zof4)

Operating Losses, etc)	Ĭ	
Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	1050.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	3000.00	0.00
Other Non-Taxable Income	3000.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deducti	on Information	
	Parent 1	Parent 2
Child Support Paid (Other Relationships)	675.00	0.00
Spousal Support Paid This Relationship	0.00	0.00
Property Tax	350.00	0.00
Mortgage Interest	2200.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	95.00
Total Health Insurance Premium	375.00	575.00
Health Insurance (Pre-Tax)	375.00	0.00
Health Insurance (Post-Tax)	0.00	575.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	275.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00

(3 of 4)

Voluntary Retirement (Tax-Deferred)	0.00	275.00
Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

(4 of 4)



Calculation Results Summary

Monthly Support Totals				P	arent 1			Parent 2
Monthly Child Support Amount			2539					0.00
Basic Child Support Amount					2539.00			0.00
Child Support Add-Ons Amount					0.00			0.00
Child Care					0.00			0.00
Visits/Travel Expenses		T			0.00			0.00
School Expenses					0.00			0.00
Uninsured Health Expenses					0.00			0.00
Total Arrears Support Amount					0.00			0.00
Temporary Spousal Support Amount (Santa Clar Formula)	а			4	1475.00	(A		0.00
Monthly Tax/Income Information (Tax Year: 20	17)			Р	arent 1			Parent 2
Monthly Net Disposable Income				9	932.00			4198.00
Monthly Taxable & Non-Taxable Gross Income				14	050.00			6000.00
Monthly Taxable Gross Income				10	675.00			5725.00
Monthly Non-Taxable Gross Income				3	3000.00			0.00
Federal Adjusted Gross Income				9	969.00			5725.00
Federal Taxable Income				6	406.00			4608.00
Net Income After Support				7	393.00			6737.00
Federal Tax Filing Status				S	INGLE	HEA	D OF HOL	JSEHOLD
Number of Tax Exemptions (Federal)					3			1
State Tax Filing Status			SAN	E AS FE	DERAL			
Number of Tax Exemptions (State)					3			0
Federal Tax Liabilities				1	246.00			673.00
State Tax Liabilities					409.00	0.00		
FICA (Social Security and/or Medicare)					0.00			
Self-Employment Tax				1	413.00	0.0		
CASDI					0.00	0.00		
TANF/CalWORKS					NO	NC		
Other Monthly Deduction Totals			Parent 1		arent 1	Paren		Parent 2
Child Support Paid (Other Relationships)					675.00	0.00		
Required Union Dues					0.00	95.00		
Mandatory Retirement					0.00			0.00
Job Related Expenses & Spousal Support Other Relationship					0.00			0.00
Health Insurance Premium					375.00			575.00
Hardship Deduction Amount					0.00			0.00
Hardship Deduction Children		0.0			0.0			0.0
Extraordinary Health Expenses		0.00			0.00			0.00
Uninsured Catastrophic Losses		0.00			0.00			0.00
Monthly Support Amounts Per Child	% Ti	me	Parent 1	Parent	Parent	Parent	Parent	Parent
	wit Parei	h	Add- Ons	1 Support	1 Total	2 Add- Ons	2 Support	2 Total
FIRST-BORN		24.0	0.00	828.00	828.00	0.00	0.00	0.00
SECOND-BORN		5.0	0.00	1711.00	1711.00	0.00	0.00	0.00
A 07 MI 171 M								
Average % Time with Parent 1	1	5.0%	0.00	2539.00	2539.00	0.00	0.00	0.00

PARENT 1 is required to pay PARENT 2 \$2539.00 in CURRENT SUPPORT

Total Child Support Arrears Per Child

Child Name	Prior Period Date Range	Parent 1 Add-Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add-Ons		
FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
SECOND-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Guideline Calculation Results Detail

Tax Settir	ngs Information	
	Parent 1	Parent 2
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA (Social Security and Medicare)	YES	YES
Include Medicare	YES	YES
Earned Income Credit	YES	YES
Number of Children for Child Care Credits	0	2
Number of Children for Earned Income Credits	0	2
Number of Children for Child Tax Credits	2	0
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or Older	NO	NO
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES
State Tax Settings		
Include California State Income Taxes	YES	NO
California State Disability Insurance	YES	NO
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	NO	NO
California Earned Income Tax Credit	NO	NO
Number of Children for Child Tax Credits	0	0
Include Other State Income Taxes	NO	YES
Other State Tax Rate	%	0.0%
Other State Tax Amount		
Deduction type when Parent 1 and Parent 2 are Married Filing Separately		

Monthly Income Information				
	Parent 1	Parent 2		
Wages/Salary	0.00	6000.00		
Parent 1: Based on earned income: \$0.00 MONTHLY				
Parent 2: Based on earned income: \$6000.00 MONTHLY				
Self-Employment Income	10000.00	0.00		
Unemployment Compensation	0.00	0.00		
Disability (Taxable)	0.00	0.00		
Total Other Taxable Income	1050.00	0.00		
Social Security Income (Taxable)	0.00	0.00		
Other Income (Retirement, Annuity,SS Other Rel,	0.00	0.00		

HYPO! MAKIMIZED

(244)

Operating Losses, etc)	Ì	
Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	1050.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	3000.00	0.00
Other Non-Taxable Income	3000.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deducti	on Information	
	Parent 1	Parent 2
Child Support Paid (Other Relationships)	675.00	0.00
Spousal Support Paid This Relationship	0.00	0.00
Property Tax	350.00	0.00
Mortgage Interest	2200.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	95.00
Total Health Insurance Premium	375.00	575.00
Health Insurance (Pre-Tax)	375.00	0.00
Health Insurance (Post-Tax)	0.00	575.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	275.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Retirement Contributions Mandatory Retirement (Tax-Deferred) Mandatory Retirement (Non-Tax-Deferred)	0.00	

(3 of 4)

Voluntary Retirement (Tax-Deferred)	0.00	275.00
Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction	,	
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00





Calculation Results Summary

Monthly Support Totals				P	arent 1			Parent 2
Monthly Child Support Amount					757.00			0.00
Basic Child Support Amount		757.00			757.00	0.0		
Child Support Add-Ons Amount					0.00			
Child Care					0.00			0.00
Visits/Travel Expenses					0.00			0.00
School Expenses					0.00			0.00
Uninsured Health Expenses					0.00			0.00
Total Arrears Support Amount					0.00			0.00
Temporary Spousal Support Amount (N/A)					0.00			0.00
Monthly Tax/Income Information (Tax Year: 20	17)			Р	arent 1			Parent 2
Monthly Net Disposable Income				3	3097.00			2208.00
Monthly Taxable & Non-Taxable Gross Income					625.00			2627.00
Monthly Taxable Gross Income					625.00			2252.00
Monthly Non-Taxable Gross Income					0.00	~		0.00
Federal Adjusted Gross Income		\vdash		4	625.00			2252.00
Federal Taxable Income				-	846.00			798.00
Net Income After Support					340.00			2965.00
Federal Tax Filing Status					INGLE	HEA	D OF HOL	JSEHOLD
Number of Tax Exemptions (Federal)					1	1		
State Tax Filing Status			SAME AS FEDERAL		DERAL	L SAME AS		FEDERAL
Number of Tax Exemptions (State)			1		1			2
Federal Tax Liabilities			388.00		388.00	0		-171.00
State Tax Liabilities					96.00			
FICA (Social Security and/or Medicare)		354.00						
Self-Employment Tax								
CASDI			42.00			2.00		
TANF/CalWORKS				NO				NO
Other Monthly Deduction Totals				Pa	arent 1			Parent 2
Child Support Paid (Other Relationships)					224.00			0.00
Required Union Dues					0.00			0.00
Mandatory Retirement					0.00			250.00
Job Related Expenses & Spousal Support Other Relationship					50.00			0.00
Health Insurance Premium					375.00			125.00
Hardship Deduction Amount					0.00			0.00
Hardship Deduction Children					0.0			0.0
Extraordinary Health Expenses					0.00			0.00
Uninsured Catastrophic Losses					0.00			0.00
Monthly Support Amounts Per Child	% Ti	h	Parent 1 Add-	Parent 1	Parent 1 Total	Parent 2 Add-	Parent 2	Parent 2 Total
FIRST BODY	Parei		Ons	Support		Ons	Support	
FIRST-BORN		3.0	0.00	757.00	757.00	0.00	0.00	0.00
Averege 9/ Time with P		0.001						
Average % Time with Parent 1		3.0%	0.00	757.00	757.00	0.00	0.00	0.00

PARENT 1 is required to pay PARENT 2 \$757.00 in CURRENT SUPPORT

Total Child Support Ar	ears Per Child						
Child Name	Prior Period Date Range	Parent 1 Add-Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add-Ons	Parent 2 Support	Parent 2 Total
	———	7 (44 0110	Guppert	Total	Add-Oils	Cupport	TOLAT

HYPO3 Line3



FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
	3	0.00	0.00	0.00	0.00	0.00	0.00

Guideline Calculation Results Detail

Tax Settings Information						
	Parent 1	Parent 2				
Federal Tax Settings						
Include Self-Employment Taxes	YES	YES				
Include FICA (Social Security and Medicare)	YES	YES				
Include Medicare	YES	YES				
Earned Income Credit	YES	YES				
Number of Children for Child Care Credits	0	1				
Number of Children for Earned Income Credits	0	1				
Number of Children for Child Tax Credits	0	1				
Parent is Blind	NO	NO				
Parent is 65 or Older	NO	NO				
New Spouse is Blind	NO	NO				
New Spouse is 65 or Older	NO	NO				
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES				
State Tax Settings						
Include California State Income Taxes	YES	YES				
California State Disability Insurance	YES	YES				
Dependency Credit for Dependent Parent(s)	NO	NO				
Joint Custody Head of Household Credit	NO	NO				
California Renter's Credit	NO	YES				
California Earned Income Tax Credit	YES	YES				
Number of Children for Child Tax Credits	0	1				
Include Other State Income Taxes	NO	NO				
Other State Tax Rate	%	%				
Other State Tax Amount						
Deduction type when Parent 1 and Parent 2 are Married Filing Separately						

Monthly Income Information							
	Parent 1	Parent 2					
Wages/Salary	4625.00	2627.00					
Parent 1: Based on earned income: \$4625.00 MONTHLY							
Parent 2: Based on earned income: \$2627.00 MONTHLY							
Self-Employment Income	0.00	0.00					
Unemployment Compensation	0.00	0.00					
Disability (Taxable)	0.00	0.00					
Total Other Taxable Income	0.00	0.00					
Social Security Income (Taxable)	0.00	0.00					
Other Income (Retirement, Annuity,SS Other Rel, Operating Losses, etc)	0.00	0.00					
Short-Term Capital Gains	0.00	0.00					
Long-Term Capital Gains	0.00	0.00					
	0.00	0.00					

Hypo3 Line3

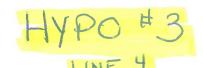
(20f4)

Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deduction I	nformation	
	Parent 1	Parent
Child Support Paid (Other Relationships)	224.00	0.0
Spousal Support Paid This Relationship	0.00	0.0
Property Tax	275.00	0.00
Mortgage Interest	1125.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
Total Health Insurance Premium	375.00	125.00
Health Insurance (Pre-Tax)	0.00	125.00
Health Insurance (Post-Tax)	375.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	250.00
Mandatory Retirement (Tax-Deferred)	0.00	250.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00
Other Guideline Deductions	50.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00

HYPO3 Line 3 (3 of 4)

Necessary Job-Related Expenses	50.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0,00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00



Calculation Results Summary

Monthly Support Totals			Parent 1 Pare				Parent		
Monthly Child Support Amount		224.00			224.00				
Basic Child Support Amount		224.00			224.00		0.0		
Child Support Add-Ons Amount					0.00			0.0	
Child Care					0.00			0.0	
Visits/Travel Expenses					0.00			0.0	
School Expenses					0.00			0.0	
Uninsured Health Expenses					0.00			0.0	
Total Arrears Support Amount					0.00			0.00	
Temporary Spousal Support Amount (N/A)					0.00			0.00	
Monthly Tax/Income Information (Tax Year: 20	17)			Р	arent 1			Parent 2	
Monthly Net Disposable Income				2	2564.00			4681.00	
Monthly Taxable & Non-Taxable Gross Income					1625.00			6375.00	
Monthly Taxable Gross Income				4	625.00			6375.00	
Monthly Non-Taxable Gross Income					0.00			0.00	
Federal Adjusted Gross Income				4	625.00			6375.00	
Federal Taxable Income		Ì		2	846.00			4921.00	
Net Income After Support				2	340.00			4905.00	
Federal Tax Filing Status				5	INGLE	HEA	D OF HOU	JSEHOLD	
Number of Tax Exemptions (Federal)		1			1			2	
State Tax Filing Status		SAME AS FEDERAL			DERAL	SAME AS FEDER			
Number of Tax Exemptions (State)		1			1			2	
Federal Tax Liabilities		388.00			388.00 6		676.00		
State Tax Liabilities					96.00	148.0			
FICA (Social Security and/or Medicare)					354.00			488.00	
Self-Employment Tax					0.00			0.00	
CASDI					42.00			57.00	
TANF/CalWORKS					NO			NC	
Other Monthly Deduction Totals				Pa	arent 1			Parent 2	
Child Support Paid (Other Relationships)					757.00			0.00	
Required Union Dues					0.00				
Mandatory Retirement					0.00			0.00	
Job Related Expenses & Spousal Support Other Relationship					50.00			0.00	
Health Insurance Premium					375.00			275.00	
Hardship Deduction Amount					0.00			0.00	
Hardship Deduction Children					0.0			0.0	
Extraordinary Health Expenses					0.00			0.00	
Jninsured Catastrophic Losses	i				0.00			0.00	
Monthly Support Amounts Per Child	% Tir with Paren	า	Parent 1 Add- Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add- Ons	Parent 2 Support	Parent 2 Total	
FIRST-BORN		25.0				0.00		0.00	
		٥.0	0.00	224.00	224.00	0.00	0.00	0.00	

PARENT 1 is required to pay PARENT 2 \$224.00 in CURRENT SUPPORT

Total Child Support Arrears Per Child								
Child Name	Prior Period Date Range		Parent 1 Support		Parent 2 Add-Ons		Parent 2 Total	
ill.				1				

HYPO3 Line 4

FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Guideline Calculation Results Detail

Tax Setti	ngs Information	
	Parent 1	Parent 2
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA (Social Security and Medicare)	YES	YES
Include Medicare	YES	YES
Earned Income Credit	YES	YES
Number of Children for Child Care Credits	0	1
Number of Children for Earned Income Credits	0	1
Number of Children for Child Tax Credits	0	1
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or Older	NO	NO
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES
State Tax Settings		
Include California State Income Taxes	YES	YES
California State Disability Insurance	YES	YES
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	NO	YES
California Earned Income Tax Credit	YES	YES
Number of Children for Child Tax Credits	0	1
Include Other State Income Taxes	NO	NO
Other State Tax Rate	%	%
Other State Tax Amount		
Deduction type when Parent 1 and Parent 2 are Married Filing Separately		

Monthly Income Information					
	Parent 1	Parent 2			
Wages/Salary	4625.00	6375.00			
Parent 1: Based on earned income: \$4625.00 MONTHLY					
Parent 2: Based on earned income: \$6375.00 MONTHLY					
Self-Employment Income	0.00	0.00			
Unemployment Compensation	0.00	0.00			
Disability (Taxable)	0.00	0.00			
Total Other Taxable Income	0.00	0.00			
Social Security Income (Taxable)	0.00	0.00			
Other Income (Retirement, Annuity,SS Other Rel, Operating Losses, etc)	0.00	0.00			
Short-Term Capital Gains	0.00	0.00			
Long-Term Capital Gains	0.00	0.00			

HYPO 3 Line 4



Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deduction Information					
	Parent 1	Parent 2			
Child Support Paid (Other Relationships)	757.00	0.00			
Spousal Support Paid This Relationship	0.00	0.00			
Property Tax	275.00	0.00			
Mortgage Interest	1125.00	0.00			
Other Itemized Deductions	0.00	0.00			
Other Medical Expenses	0.00	0.00			
Deductable Interest Expenses	0.00	0.00			
Contribution Deduction	0.00	0.00			
Miscellaneous Itemized	0.00	0.00			
Required Union Dues	0.00	50.00			
Total Health Insurance Premium	375.00	275.00			
Health Insurance (Pre-Tax)	0.00	0.00			
Health Insurance (Post-Tax)	375.00	275.00			
Wage Deduction (Pre-Tax)	0,00	0.00			
Wage Deduction (Post-Tax)	0.00	0.00			
Retirement Contributions	0.00	0.00			
Mandatory Retirement (Tax-Deferred)	0.00	0.00			
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00			
Voluntary Retirement (Tax-Deferred)	0.00	0.00			
Other Guideline Deductions	50.00	0.00			
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00			

HYPO 3 Line 4 (3 of 4)

Necessary Job-Related Expenses	50.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

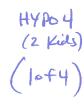


Calculation Results Summary

Monthly Support Totals		Parent 1				Parent 2			
Monthly Child Support Amount					0.00	545.00			
Basic Child Support Amount					0.00	545.00			
Child Support Add-Ons Amount					0.00	0.00			
Child Care					0.00			0.00	
Visits/Travel Expenses					0.00	0.00			
School Expenses					0.00			0.00	
Uninsured Health Expenses					0.00	0.00			
Total Arrears Support Amount					0.00				
Temporary Spousal Support Amount (N/A)					0.00	0.00			
Monthly Tax/Income Information (Tax Year: 20	17)			Р	arent 1	Parent 2			
Monthly Net Disposable Income					0.00			3495.00	
Monthly Taxable & Non-Taxable Gross Income					0.00			4225.00	
Monthly Taxable Gross Income					0.00			4225.00	
Monthly Non-Taxable Gross Income		T			0.00			0.00	
Federal Adjusted Gross Income					0.00			4225.00	
Federal Taxable Income					0.00			2771.00	
Net Income After Support		1			545.00			2950.00	
Federal Tax Filing Status			HEAD C	F HOUSI	EHOLD	HEAD OF HOUSEHOLD			
Number of Tax Exemptions (Federal)		\vdash			2	2			
State Tax Filing Status		SAME AS FEDERAL				SAME AS FEDERAL			
Number of Tax Exemptions (State)					2	2			
Federal Tax Liabilities		\vdash			0.00	277.00			
State Tax Liabilities					0.00	17.00			
FICA (Social Security and/or Medicare)					0.00			323.00	
Self-Employment Tax					0.00			0.00	
CASDI					0.00			38.00	
TANF/CalWORKS					NO			NO	
Other Monthly Deduction Totals		Parent 1			arent 1			Parent 2	
Child Support Paid (Other Relationships)		0.00						0.00	
Required Union Dues		0.00				0.00			
Mandatory Retirement		0.00				0.00			
Job Related Expenses & Spousal Support Other Relationship		0.00			0.00	0.00			
Health Insurance Premium		0.00				0.00			
Hardship Deduction Amount		0.00				0.00			
Hardship Deduction Children		0.0			0.0	0.0			
Extraordinary Health Expenses	Extraordinary Health Expenses		0.00				75.00		
Uninsured Catastrophic Losses		0.00			0.00	0.00			
Monthly Support Amounts Per Child	% Tii wit Parei	h	Parent 1 Add- Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add- Ons	Parent 2 Support	Parent 2 Total	
FIRST-BORN		0.0	0.00	155.00	155.00	0.00	0.00	0.00	
SECOND-BORN		60.0	0.00	0.00	0.00	0.00	700.00	700.00	
Avenue 9/ Time with B									
Average % Time with Parent 1	3	0.0%	0.00	155.00	155.00	0.00	700.00	700.00	

PARENT 2 is required to pay PARENT 1 \$545.00 in CURRENT SUPPORT

Total Child Support Arrears Per Child								
Child Name	Prior Period Date Range	Parent 1	Parent 1	Parent 1	Parent 2	Parent 2	Parent 2	



		Add-Ons	Support	Total	Add-Ons	Support	Total
FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
SECOND-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Tax Settin	ngs Information	
	Parent 1	Parent 2
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA (Social Security and Medicare)	YES	YES
Include Medicare	YES	YES
Earned Income Credit	YES	YES
Number of Children for Child Care Credits	1	1
Number of Children for Earned Income Credits	1	1
Number of Children for Child Tax Credits	1	1
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or Older	NO	NO
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES
State Tax Settings		
Include California State Income Taxes	YES	YES
California State Disability Insurance	YES	YES
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	YES	YES
California Earned Income Tax Credit	YES	YES
Number of Children for Child Tax Credits	1	1
Include Other State Income Taxes	NO	NO
Other State Tax Rate	%	%
Other State Tax Amount		
Deduction type when Parent 1 and Parent 2 are Married Filing Separately		

Monthly Income Information					
	Parent 1	Parent 2			
Wages/Salary	0.00	4225.00			
Parent 1: Based on earned income: \$0.00 MONTHLY					
Parent 2: Based on earned income: \$1950.00 BI-WEEKLY					
Self-Employment Income	0.00	0.00			
Unemployment Compensation	0.00	0.00			
Disability (Taxable)	0.00	0.00			
Total Other Taxable Income	0.00	0.00			
Social Security Income (Taxable)	0.00	0.00			
Other Income (Retirement, Annuity,SS Other Rel, Operating Losses, etc)	0.00	0.00			
	i				

(2 Kids) (2 of 4)

Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deducti	on Information	
	Parent 1	Parent 2
Child Support Paid (Other Relationships)	0.00	0.00
Spousal Support Paid This Relationship	0.00	0.00
Property Tax	0.00	0.00
Mortgage Interest	0.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
Total Health Insurance Premium	0.00	0.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	0.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	0.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00

(2 kids) (3 of 4)

Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	75.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

HYPO 4 (2 Kids) (4 of 4)

HYPO #4

Calculation Results Summary

Monthly Support Totals		T		F	Parent 1	1 Parei		
Monthly Child Support Amount		T			0.00			0.00
Basic Child Support Amount		T			0.00	0		0.00
Child Support Add-Ons Amount		0.0		0.00			0.00	
Child Care			0.00				0.00	
Visits/Travel Expenses					0.00			0.00
School Expenses		\top			0.00			0.00
Uninsured Health Expenses		T			0.00			0.00
Total Arrears Support Amount		T			0.00			0.00
Temporary Spousal Support Amount (N/A)		1			0.00			0.00
Monthly Tax/Income Information (Tax Year: 20	17)	\top		Р	arent 1			Parent 2
Monthly Net Disposable Income		\top			0.00			3495.00
Monthly Taxable & Non-Taxable Gross Income		T			0.00			4225.00
Monthly Taxable Gross Income					0.00			4225.00
Monthly Non-Taxable Gross Income		1			0.00			0.00
Federal Adjusted Gross Income					0.00			4225.00
Federal Taxable Income		1			0.00			2771.00
Net Income After Support		\vdash			0.00			3495.00
Federal Tax Filing Status		\vdash	HEAD C	F HOUS		HFA	D OF HOL	JSEHOLD
Number of Tax Exemptions (Federal)		1	HEAD OF HOUSEHOLD		2	1127	01 1101	2
State Tax Filing Status		\vdash	SAME AS FEDERAL			SAME AS FEDERA		FEDERAL
Number of Tax Exemptions (State)		\vdash					JA GIVIL 710	2
Federal Tax Liabilities		\vdash			0.00	277 (277.00
State Tax Liabilities					0.00			17.00
FICA (Social Security and/or Medicare)					0.00			323.00
Self-Employment Tax					0.00			0.00
CASDI		1			0.00			38.00
TANF/CalWORKS					NO			NO
Other Monthly Deduction Totals				P	arent 1			Parent 2
Child Support Paid (Other Relationships)					0.00			0.00
Required Union Dues					0.00			0.00
Mandatory Retirement					0.00			0.00
Job Related Expenses & Spousal Support Other Relationship					0.00			0.00
Health Insurance Premium					0.00			0.00
Hardship Deduction Amount					0.00			0.00
Hardship Deduction Children					0.0			0.0
Extraordinary Health Expenses		0.00			75.00			
Uninsured Catastrophic Losses					0.00			0.00
Monthly Support Amounts Per Child	% Ti		Parent 1	Parent	Parent 1 Total	Parent 2 Add-	Parent 2	Parent 2 Total
	Parei	nt 1	Ons	Support		Ons	Support	
FIRST-BORN		0.0	0.00	0.00	0.00	0.00	0.00	0.00
Average % Time with Parent 1		0.0%	0.00	0.00	0.00	0.00	0.00	0.00

PARENT 1 is required to pay PARENT 2 \$0.00 in CURRENT SUPPORT

Total Child Support Arr	ears Per Child						
Child Name	Prior Period Date Range	Parent 1 Add-Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add-Ons	Parent 2 Support	Parent 2 Total



FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Tax Settings Information					
	Parent 1	Parent 2			
Federal Tax Settings					
Include Self-Employment Taxes	YES	YES			
Include FICA (Social Security and Medicare)	YES	YES			
Include Medicare	YES	YES			
Earned Income Credit	YES	YES			
Number of Children for Child Care Credits	1	1			
Number of Children for Earned Income Credits	1	1			
Number of Children for Child Tax Credits	1	1			
Parent is Blind	NO	NO			
Parent is 65 or Older	NO	NO			
New Spouse is Blind	NO	NO			
New Spouse is 65 or Older	NO	NO			
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES			
State Tax Settings					
Include California State Income Taxes	YES	YES			
California State Disability Insurance	YES	YES			
Dependency Credit for Dependent Parent(s)	NO	NO			
Joint Custody Head of Household Credit	NO	NO			
California Renter's Credit	YES	YES			
California Earned Income Tax Credit	YES	YES			
Number of Children for Child Tax Credits	1	1			
Include Other State Income Taxes	NO	NO			
Other State Tax Rate	%	%			
Other State Tax Amount					
Deduction type when Parent 1 and Parent 2 are Married Filing Separately					

Parent 1	Parent 2
0.00	4225.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
	0.00 0.00 0.00 0.00 0.00 0.00 0.00



Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deduction I	nformation	
	Parent 1	Parent 2
Child Support Paid (Other Relationships)	0.00	0.0
Spousal Support Paid This Relationship	0.00	0.00
Property Tax	0.00	0.00
Mortgage Interest	0.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0,00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
Total Health Insurance Premium	0.00	0.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	0.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	0.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00
Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00



Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	75.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

(1 Kid) (1 Kid)

Calculation Results Summary and Detail

HYPO #5

Calculation Results Summary

Monthly Support Totals		T		Р	arent 1			Parent 2	
Monthly Child Support Amount		1			0.00			171.00	
Basic Child Support Amount					0.00			171.00	
Child Support Add-Ons Amount		1			0.00			0.00	
Child Care					0.00			0.00	
Visits/Travel Expenses					0.00			0.00	
School Expenses					0.00			0.00	
Uninsured Health Expenses					0.00			0.00	
Total Arrears Support Amount					0.00			0.00	
Temporary Spousal Support Amount (N/A)					0.00			0.00	
Monthly Tax/Income Information (Tax Year: 20	17)			Р	arent 1			Parent 2	
Monthly Net Disposable Income				5	264.00			4320.00	
Monthly Taxable & Non-Taxable Gross Income				6	925.00			5500.00	
Monthly Taxable Gross Income					150.00			5325.00	
Monthly Non-Taxable Gross Income					775.00			0.00	
Federal Adjusted Gross Income				5	813.00			5325.00	
Federal Taxable Income					021.00			2803.00	
Net Income After Support					435.00			4149.00	
Federal Tax Filing Status			HEAD C	F HOUSE		HEA	D OF HOL	JSEHOLD	
Number of Tax Exemptions (Federal)					3			3	
State Tax Filing Status			SAN	IE AS FEI	DERAL	S	SAME AS	FEDERAL	
Number of Tax Exemptions (State)					3			3	
Federal Tax Liabilities					381.00			198.00	
State Tax Liabilities		74.00							
FICA (Social Security and/or Medicare)		0.00				0 421.00			
Self-Employment Tax		675.00				0.00			
CASDI		0.00				0 50.0			
TANF/CalWORKS					NO			NO	
Other Monthly Deduction Totals				Pa	arent 1	1		Parent 2	
Child Support Paid (Other Relationships)					0.00			0.00	
Required Union Dues					0.00				
Mandatory Retirement			0.00						
Job Related Expenses & Spousal Support Other Relationship				0.00			0.00		
Health Insurance Premium					475.00			325.00	
Hardship Deduction Amount					57.00			0.00	
Hardship Deduction Children					1.0			0.0	
Extraordinary Health Expenses					0.00			0.00	
Uninsured Catastrophic Losses					0.00			0.00	
Monthly Support Amounts Per Child	% Tir	ne	Parent 1	Parent	Parent	Parent	Parent	Parent	
,,,	witi	h	Add- Ons	1 Support	1 Total	2 Add- Ons	2 Support	2 Total	
FIRST-BORN		50.0	0.00	92.00	92.00			0.00	
SECOND-BORN		43.0	0.00	290.00	290.00	0.00		0.00	
THIRD-BORN		81.0	0.00	0.00	0.00	0.00		553.00	
			0.00	0.00	0.00	0.00	555.50	000.00	
Average % Time with Parent 1	5	8.0%	0.00	382.00	382.00	0.00	553.00	553.00	

PARENT 2 is required to pay PARENT 1 \$171.00 in CURRENT SUPPORT

Total Child Support Arrears Per Child

HYPO 5

(144)

Calculation Results Summary and Detail

Child Name	Prior Period Date Range	Parent 1 Add-Ons		Parent 1 Total	Parent 2 Add-Ons		Parent 2 Total
FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
SECOND-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
THIRD-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Guideline Calculation Results Detail

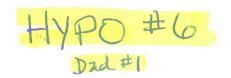
Tax Settings Information						
	Parent 1	Parent 2				
Federal Tax Settings						
Include Self-Employment Taxes	YES	YES				
Include FICA (Social Security and Medicare)	YES	YES				
Include Medicare	YES	YES				
Earned Income Credit	YES	YES				
Number of Children for Child Care Credits	2	2				
Number of Children for Earned Income Credits	2	2				
Number of Children for Child Tax Credits	2	2				
Parent is Blind	NO	NO				
Parent is 65 or Older	NO	NO				
New Spouse is Blind	NO	NO				
New Spouse is 65 or Older	NO	NO				
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES				
State Tax Settings						
Include California State Income Taxes	YES	YES				
California State Disability Insurance	YES	YES				
Dependency Credit for Dependent Parent(s)	NO	NO				
Joint Custody Head of Household Credit	NO	NO				
California Renter's Credit	YES	NO				
California Earned Income Tax Credit	YES	YES				
Number of Children for Child Tax Credits	2	2				
Include Other State Income Taxes	NO	NO				
Other State Tax Rate	%	%				
Other State Tax Amount						
Deduction type when Parent 1 and Parent 2 are Married Filing Separately						

Monthly Income I	nformation	
	Parent 1	Parent 2
Wages/Salary	0.00	5500.00
Parent 1: Based on earned income: \$0.00 MONTHLY	•	
Parent 2: Based on earned income: \$5500.00 MONTHLY		
Self-Employment Income	4775.00	0.00
Unemployment Compensation	0.00	0.00
Disability (Taxable)	0.00	0.00
Total Other Taxable Income	1375.00	0.00
Social Security Income (Taxable)	0.00	0.00

Operating Losses, etc)	1	
Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	775.00	0.00
Other Non-Taxable Income	775.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

	Parent 1	Parent 2
Child Support Paid (Other Relationships)	0.00	0.00
Spousal Support Paid This Relationship	0.00	0.00
Property Tax	0.00	225.00
Mortgage Interest	0.00	1235.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	75.00
Total Health Insurance Premium	475.00	325.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	475.00	325.00
Wage Deduction (Pre-Tax)	0.00	0.00
Nage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	175.00
Mandatory Retirement (Tax-Deferred)	0.00	100.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
.cse.ca.gov/ChildSupport/cse/guidelineCalculator/viewGuidelineCa	alculationSummaryAndDetailForm?	

Voluntary Retirement (Tax-Deferred)	0.00	75.00
Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	57.00	0.00
Hardship Deduction Children	1.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00



Calculation Results Summary

Monthly Support Totals		I		Р	arent 1			Parent 2
Monthly Child Support Amount					0.00			1059.00
Basic Child Support Amount		T			0.00			1109.00
Child Support Add-Ons Amount					0.00			-50.00
Child Care		1			200.00			300.00
Visits/Travel Expenses		1			0.00			0.00
School Expenses					0.00			0.00
Uninsured Health Expenses					0.00			0.00
Total Arrears Support Amount					0.00			0.00
Temporary Spousal Support Amount (N/A)					0.00			0.00
Monthly Tax/Income Information (Tax Year: 20	17)			Р	arent 1			Parent 2
Monthly Net Disposable Income				1	226.00			3875.00
Monthly Taxable & Non-Taxable Gross Income				2	600.00			5000.00
Monthly Taxable Gross Income					302.00			4424.00
Monthly Non-Taxable Gross Income					0.00			0.00
Federal Adjusted Gross Income				2	302.00			4424.00
Federal Taxable Income		1			848.00			2364.00
Net Income After Support				2	285.00			2816.00
Federal Tax Filing Status		1	HEAD C	F HOUSE	HOLD	HEAI	OF HOL	JSEHOLD
Number of Tax Exemptions (Federal)					2			2
State Tax Filing Status			SAN	IE AS FEI	DERAL	S	AME AS	EDERAL
Number of Tax Exemptions (State)		\vdash			2			2
Federal Tax Liabilities				-	214.00			166.00
State Tax Liabilities		0.00				0.00		
FICA (Social Security and/or Medicare)		199.00				338.00		
Self-Employment Tax		0.00			0.00			
CASDI		2			23.00	45.0		45.00
TANF/CalWORKS					NO			NO
Other Monthly Deduction Totals		İ		Pa	arent 1			Parent 2
Child Support Paid (Other Relationships)					733.00			0.00
Required Union Dues		0.00				0.00		
Mandatory Retirement					298.00			
Job Related Expenses & Spousal Support Other Relationship			0.0					0.00
Health Insurance Premium					335.00			576.00
Hardship Deduction Amount					0.00			0.00
Hardship Deduction Children					0.0	0.0		
Extraordinary Health Expenses					0.00	0.00		
Uninsured Catastrophic Losses					0.00			0.00
Monthly Support Amounts Per Child	% Ti wit Parei	h	Parent 1 Add- Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add- Ons	Parent 2 Support	Parent 2 Total
FIRST-BORN		33.0	150.00		150.00	0.00	214.00	214.00
SECOND-BORN		95.0	0.00	0.00	0.00		895.00	995.00
Average % Time with Parent 1	6	4.0%	150.00	0.00	150.00	100.00	1109.00	1209.00

PARENT 2 is required to pay PARENT 1 \$1059.00 in CURRENT SUPPORT

Total Child Support Arrears Per Child								
	Child Name	Prior Period Date Range	Parent 1	Parent 1	Parent 1	Parent 2	Parent 2	Parent 2



		Add-Ons	Support	Total	Add-Ons	Support	Total
FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
SECOND-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Tax Settings Information				
	Parent 1	Parent 2		
Federal Tax Settings				
Include Self-Employment Taxes	YES	YES		
Include FICA (Social Security and Medicare)	YES	YES		
Include Medicare	YES	YES		
Earned Income Credit	YES	YES		
Number of Children for Child Care Credits	1	1		
Number of Children for Earned Income Credits	1	1		
Number of Children for Child Tax Credits	1	1		
Parent is Blind	NO	NO		
Parent is 65 or Older	NO	NO		
New Spouse is Blind	NO	NO		
New Spouse is 65 or Older	NO	NO		
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES		
State Tax Settings				
Include California State Income Taxes	YES	YES		
California State Disability Insurance	YES	YES		
Dependency Credit for Dependent Parent(s)	NO	NO		
Joint Custody Head of Household Credit	NO	NO		
California Renter's Credit	YES	NO		
California Earned Income Tax Credit	YES	YES		
Number of Children for Child Tax Credits	1	1		
Include Other State Income Taxes	NO	NO		
Other State Tax Rate	%	%		
Other State Tax Amount				
Deduction type when Parent 1 and Parent 2 are Married Filing Separately				

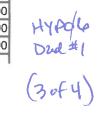
Monthly Income Information					
	Parent 1	Parent 2			
Wages/Salary	у 2600.00				
Parent 1: Based on earned income: \$2600.00 MONTHLY					
Parent 2: Based on earned income: \$5000.00 MONTHLY					
Self-Employment Income	0.00	0.00			
Unemployment Compensation	0.00	0.00			
Disability (Taxable)	0.00	0.00			
Total Other Taxable Income	0.00	0.00			
Social Security Income (Taxable)	0.00	0.00			
Other Income (Retirement, Annuity,SS Other Rel, Operating Losses, etc)	0.00	0.00			

HYPO 6



Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

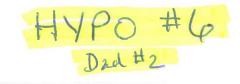
Monthly Deduction	on Information	
	Parent 1	Parent 2
Child Support Paid (Other Relationships)	733.00	0.00
Spousal Support Paid This Relationship	0.00	0.00
Property Tax	0.00	208.00
Mortgage Interest	0.00	1132.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
Total Health Insurance Premium	335.00	576.00
Health Insurance (Pre-Tax)	0.00	576.00
Health Insurance (Post-Tax)	335.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	298.00	0.00
Mandatory Retirement (Tax-Deferred)	298.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00





Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

HYPO 6 Ded#1 (4 of 4)



Calculation Results Summary

Monthly Support Totals		T		P	arent 1			Parent 2
Monthly Child Support Amount					328.00			0.00
Basic Child Support Amount				328.00 to				0.00
Child Support Add-Ons Amount		\top			0.00			0.00
Child Care		\top			0.00			0.00
Visits/Travel Expenses		\top			0.00			0.00
School Expenses		1			0.00			0.00
Uninsured Health Expenses		+			0.00			0.00
Total Arrears Support Amount		t			0.00			0.00
Temporary Spousal Support Amount (N/A)		+			0.00			0.00
Monthly Tax/Income Information (Tax Year: 20	17)	1		P	arent 1			Parent 2
Monthly Net Disposable Income		1			554.00			1370.00
Monthly Taxable & Non-Taxable Gross Income		1			600.00			1733.00
Monthly Taxable Gross Income					302.00			1733.00
Monthly Non-Taxable Gross Income					0.00			0.00
Federal Adjusted Gross Income		+-		2	302.00			10493.00
Federal Taxable Income		\vdash			848.00			6320.00
Net Income After Support		+			226.00			1698.00
Federal Tax Filing Status		\vdash	HEAD C	F HOUSE		MARRIE	ED EII ING	JOINTLY
L			112100	7 110001	INOLD			ARENT 1)
Number of Tax Exemptions (Federal)					2			4
State Tax Filing Status			SAN	IE AS FEI	DERAL	5	SAME AS	FEDERAL
Number of Tax Exemptions (State)					2			4
Federal Tax Liabilities				~	214.00			127.00
State Tax Liabilities		0.0		0.00			38.00	
FICA (Social Security and/or Medicare)					199.00			133.00
Self-Employment Tax					0.00			0.00
CASDI					23.00			16.00
TANF/CalWORKS					NO			NO
Other Monthly Deduction Totals				Pa	rent 1			Parent 2
Child Support Paid (Other Relationships)					405.00			0.00
Required Union Dues					0.00			50.00
Mandatory Retirement					298.00			0.00
Job Related Expenses & Spousal Support Other Relationship					0.00			0.00
Health Insurance Premium					335.00			0.00
Hardship Deduction Amount					0.00			0.00
Hardship Deduction Children					0.0			0.0
Extraordinary Health Expenses					0.00			0.00
Uninsured Catastrophic Losses					0.00			0.00
Monthly Support Amounts Per Child	% Ti	me	Parent 1	Parent	Parent	Parent	Parent	Parent
	wit Pare	h	Add- Ons	1 Support	1 Total	2 Add- Ons	2 Support	2 Total
FIRST-BORN		10.0	0.00	328.00	328.00	0.00		0.00
Average % Time with Parent 1	1	0.0%	0.00	328.00	328.00	0.00	0.00	0.00

PARENT 1 is required to pay PARENT 2 \$328.00 in CURRENT SUPPORT

Tot	tal Child Support Arre	ears Per Child						
	Child Name	Prior Period Date Range	Parent 1	Parent 1	Parent 1	Parent 2	Parent 2	Parent 2

Hypo 6 Dad#2

		Add-Ons	Support	Total	Add-Ons	Support	Total
FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Tax Settings Information				
	Parent 2			
Federal Tax Settings				
Include Self-Employment Taxes	YES	YES		
Include FICA (Social Security and Medicare)	YES	YES		
Include Medicare	YES	YES		
Earned Income Credit	YES	YES		
Number of Children for Child Care Credits	1	2		
Number of Children for Earned Income Credits	1	2		
Number of Children for Child Tax Credits	1	2		
Parent is Blind	NO	NO		
Parent is 65 or Older	NO	NO		
New Spouse is Blind	NO	NO		
New Spouse is 65 or Older	NO	NO		
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES		
State Tax Settings				
Include California State Income Taxes	YES	YES		
California State Disability Insurance	YES	YES		
Dependency Credit for Dependent Parent(s)	NO	NO		
Joint Custody Head of Household Credit	NO	NO		
California Renter's Credit	YES	NO		
California Earned Income Tax Credit	YES	YES		
Number of Children for Child Tax Credits	1	2		
Include Other State Income Taxes	NO	NO		
Other State Tax Rate	%	%		
Other State Tax Amount				
Deduction type when Parent 1 and Parent 2 are Married Filing Separately				

Monthly Income Information				
	Parent 1	Parent 2		
Wages/Salary	2600.00	1733.00		
Parent 1: Based on earned income: \$2600.00 MONTHLY	•			
Parent 2: Based on earned income: \$1733.00 MONTHLY				
Self-Employment Income	0.00	0.00		
Unemployment Compensation	0.00	0.00		
Disability (Taxable)	0.00	0.00		
Total Other Taxable Income	0.00	0.00		
Social Security Income (Taxable)	0.00	0.00		
Other Income (Retirement, Annuity, SS Other Rel, Operating Losses, etc)	0.00	0.00		
Short-Term Capital Gains	0.00	0.00		

HYPO 6 Dad #2

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Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	8760.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deduction	on Information	
	Parent 1	Parent 2
Child Support Paid (Other Relationships)	405.00	0.00
Spousal Support Paid This Relationship	0.00	0.00
Property Tax	0.00	387.00
Mortgage Interest	0.00	2342.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	50.00
Total Health Insurance Premium	335.00	0.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	335.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	298.00	0.00
Mandatory Retirement (Tax-Deferred)	298.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00
Other Guideline Deductions	0.00	0.00

HYPO 6 Dad #2

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Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		0.00
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

HYPO 6 Ded #2 (4 of 4)



Calculation Results Summary

Monthly Support Totals				F	Parent 1			Parent
Monthly Child Support Amount		405.00			405.00			0.0
Basic Child Support Amount		405.00 to 408.00					0.0	
Child Support Add-Ons Amount		0.00					0.0	
Child Care					0.00			0.0
Visits/Travel Expenses					0.00			0.0
School Expenses					0.00			0.0
Uninsured Health Expenses					0.00			0.00
Total Arrears Support Amount					0.00			0.00
Temporary Spousal Support Amount (N/A)					0.00			0.00
Monthly Tax/Income Information (Tax Year: 20	17)	Ī		P	arent 1			Parent :
Monthly Net Disposable Income					1631.00			0.0
Monthly Taxable & Non-Taxable Gross Income				2	2600.00			0.00
Monthly Taxable Gross Income				2	2302.00			0.00
Monthly Non-Taxable Gross Income		Ī			0.00			0.00
Federal Adjusted Gross Income		Ī		2	2302.00			0.00
Federal Taxable Income					848.00			0.00
Net Income After Support				1	226.00			405.00
Federal Tax Filing Status			HEAD C	D OF HOUSEHOLI		HEA	D OF HOL	
Number of Tax Exemptions (Federal)		Î			2			
State Tax Filing Status			SAN	ME AS FE	DERAL	AL SAME AS F		FEDERAL
Number of Tax Exemptions (State)		Î			2			2
Federal Tax Liabilities				214.00			0.00	
State Tax Liabilities					0.00			0.00
FICA (Social Security and/or Medicare)		199.00		199.00			0.00	
Self-Employment Tax					0.00			0.00
CASDI					23.00			0.00
TANF/CalWORKS					NO	- 10		NC
Other Monthly Deduction Totals				Pa	arent 1	Pare		Parent 2
Child Support Paid (Other Relationships)					328.00			0.00
Required Union Dues					0.00			0.00
Mandatory Retirement					298.00			
Job Related Expenses & Spousal Support Other Relationship					0.00	0		0.00
Health Insurance Premium					335.00			0.00
Hardship Deduction Amount					0.00	0.00		
Hardship Deduction Children		0.0			0.0			
Extraordinary Health Expenses					0.00			0.00
Uninsured Catastrophic Losses					0.00			0.00
Monthly Support Amounts Per Child	% Tii witi Parer	h	Parent 1 Add-	Parent	Parent 1 Total	Parent 2 Add-	Parent 2	Parent 2 Total
FIRST-BORN	raiei	0.0	Ons	Support		Ons	Support	0.00
		0.0	0.00	405.00	405.00	0.00	0.00	0.00
Average % Time with Parent 1		0.0%	0.00	405.00	405.00	0.00	2.00	0.00
		U.U%	0.00	405.00	405.00	0.00	0.00	0.00

PARENT 1 is required to pay PARENT 2 \$405.00 in CURRENT SUPPORT

Total Child Support A	Arrears Per Child						
Child Name	Prior Period Date Range	Parent 1 Add-Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add-Ons	Parent 2 Support	Parent 2 Total
		Add-Ons	Support	Total	Add-Ons	Support	То



FIRST-BORN	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00

Tax Settings Int	formation	
	Parent 1	Parent 2
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA (Social Security and Medicare)	YES	YES
Include Medicare	YES	YES
Earned Income Credit	YES	YES
Number of Children for Child Care Credits	1	1
Number of Children for Earned Income Credits	1	1
Number of Children for Child Tax Credits	1	1
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or Older	NO	NO
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES
State Tax Settings		
Include California State Income Taxes	YES	YES
California State Disability Insurance	YES	YES
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	YES	YES
California Earned Income Tax Credit	YES	YES
Number of Children for Child Tax Credits	1	1
Include Other State Income Taxes	NO	NO
Other State Tax Rate	%	%
Other State Tax Amount		
Deduction type when Parent 1 and Parent 2 are Married Filing Separately		

Monthly Income Information				
	Parent 1	Parent 2		
Wages/Salary	2600.00	0.00		
Parent 1: Based on earned income: \$2600.00 MONTHLY				
Parent 2: Based on earned income: \$0.00 MONTHLY				
Self-Employment Income	0.00	0.00		
Unemployment Compensation	0.00	0.00		
Disability (Taxable)	0.00	0.00		
Total Other Taxable Income	0.00	0.00		
Social Security Income (Taxable)	0.00	0.00		
Other Income (Retirement, Annuity,SS Other Rel, Operating Losses, etc)	0.00	0.00		
Short-Term Capital Gains	0.00	0.00		
Long-Term Capital Gains	0.00	0.00		

HYPO 6
Foster Care

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Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Secton 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Monthly Deduction In	formation	
	Parent 1	Parent 2
Child Support Paid (Other Relationships)	328.00	0.00
Spousal Support Paid This Relationship	0.00	0.00
Property Tax	0.00	0.00
Mortgage Interest	0.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductable Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
Total Health Insurance Premium	335.00	0.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	335.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	298.00	0.00
Mandatory Retirement (Tax-Deferred)	298.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00
Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00

HYPO 6
Foster Care
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Necessary Job-Related Expenses	0.00	0.00
State Adjustments		0.00
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

HYPO 6
Foster Cire

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