

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:

1st case? _____

2nd case? _____

WARM-UP RESULTS:

Scenario 1: \$530

Scenario 2:

1st case \$424

2nd case \$424

HYPO #1

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” guideline 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)

		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 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	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			
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, Operating Losses, etc)	1050.00	0.00

HYPO 2
HANDOUT
(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 Section 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 Deduction 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
Deductible 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)	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

HYP0 2
HANDOUT
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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

HYP02
HANDOUT
(4 of 4)

HYPO #3

▪ 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>	<u>Mother (line 3)</u>	<u>Mother (line 4)</u>
▪ \$4,625/mo. (W-2)	\$2,627/mo. (W-2)	\$6,375/mo. (W-2)
▪ Single 1	HH2	HH2
▪ Timeshare → → → → →	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 Retirement (tax-deferred)	\$50 union dues
▪ \$1,125 mortgage interest		
▪ \$275/mo. property taxes		

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

Line 3 _____

Line 4 _____

HYPO #4

- You're down to your *last* 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 (*before* older child)?
What would be your ruling on guideline? _____

HYPO #5

▪ 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 support: _____, payable from ____ to ____.

▪ Allocation? (Payable in what direction on each?)

1st born _____ 2nd born _____ 3rd born _____

PETITIONER/PLAINTIFF: Father	CASE NUMBER: SSC 10-4453
RESPONDENT/DEFENDANT: Mother	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 5,500	5,500
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.**

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

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	\$ 75
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ 100
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 325
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 labeled "Question 10g")	\$ _____

11. **Assets**

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	Total \$ 3,000
b. Stocks, bonds, and other assets I could easily sell	\$ 0
c. All other property, <input checked="" type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 225,000

PETITIONER/PLAINTIFF: Father RESPONDENT/DEFENDANT: Mother OTHER PARENT/CLAIMANT:	CASE NUMBER: SSC 10-4453
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Sam	4	son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Jack	6	son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Robert	38	friend	Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|--|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input checked="" type="checkbox"/> mortgage... \$ 1500</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ 265</p> <p style="margin-left: 40px;">(b) average interest: \$ 1,235</p> <p>(2) Real property taxes \$ 225</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies..... \$ 450</p> <p>e. Eating out..... \$ 250</p> <p>f. Utilities (gas, electric, water, trash) \$ 200</p> <p>g. Telephone, cell phone, and e-mail \$ 150</p> | <p>h. Laundry and cleaning \$ 50</p> <p>i. Clothes \$ 75</p> <p>j. Education \$ 100</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 550</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ 100</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . \$ _____</p> <p>q. Other (specify):..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 3,650</p> </div> <p>s. Amount of expenses paid by others \$ 1,000</p> |
|--|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):
- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
 - b. The source of this money was (specify):
 - c. I still owe the following fees and costs to my attorney (specify total owed): \$
 - d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

▶

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: Father	CASE NUMBER:
RESPONDENT/DEFENDANT: Mother	SSC 10-4453
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): 3 children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)
I agree 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 the children through my job.
- b. Name of insurance company: CA Health
- c. Address of insurance company:
2200 Alabaster, Sacramento, CA
- d. The monthly cost for the children's health insurance is or would be (specify): \$ 325
(Do not include the amount your employer pays.)

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):
- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b. | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children (specify): | | |

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):
I pay \$75 per month into a 401k.

PETITIONER/PLAINTIFF: Father	CASE NUMBER: SSC 10-4453
RESPONDENT/DEFENDANT: Mother	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
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) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ 1,375	1,375
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ 775	775

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.**

	\$ 4,775	4,775
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I am the owner/sole proprietor business partner other (specify):
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 your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

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)	\$ 475
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 labeled "Question 10g")	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 1,945
b. Stocks, bonds, and other assets I could easily sell	\$ _____
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 10,000

F's I&E

PETITIONER/PLAINTIFF: Father RESPONDENT/DEFENDANT: Mother OTHER PARENT/CLAIMANT:	CASE NUMBER: SSC 10-4453
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Max	2	son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Sam	4	son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Jack	6	son	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Kim	8	daughter	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- a. Home:
 - (1) Rent or mortgage... \$ 1,800
 - If mortgage:
 - (a) average principal: \$ _____
 - (b) average interest: \$ _____
 - (2) Real property taxes \$ _____
 - (3) Homeowner's or renter's insurance (if not included above) \$ _____
 - (4) Maintenance and repair \$ _____
 - b. Health-care costs not paid by insurance... \$ _____
 - c. Child care \$ _____
 - d. Groceries and household supplies. \$ 500
 - e. Eating out. \$ 150
 - f. Utilities (gas, electric, water, trash) \$ 250
 - g. Telephone, cell phone, and e-mail \$ 180
 - h. Laundry and cleaning \$ 30
 - i. Clothes \$ _____
 - j. Education \$ _____
 - k. Entertainment, gifts, and vacation. \$ 100
 - l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 600
 - m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____
 - n. Savings and investments. \$ _____
 - o. Charitable contributions. \$ _____
 - p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . \$ 100
 - q. Other (specify): \$ _____

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ 3,710
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s. Amount of expenses paid by others \$ 0

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Home Depot	Tools	\$ 50	\$ 1,500	08/17
Lowe's	Materials	\$ 50	\$ 650	08/17
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):
- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
 - b. The source of this money was (specify):
 - c. I still owe the following fees and costs to my attorney (specify total owed): \$
 - d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: Father	CASE NUMBER:
RESPONDENT/DEFENDANT: Mother	SSC 10-4453
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): 3 children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)
Max lives with me, but visits Mother every other weekend, every other Holiday, and 2 weeks each Summer
Sam lives with me 3 days each week
Jack lives with me half of each year
Kim lives with me full time

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the children's health insurance is or would be (specify): \$ _____
(Do not include the amount your employer pays.)

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

<i>(attach documentation of any item listed here, including court orders):</i>	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ 800	ongoing
(2) Names and ages of those children (specify): Kim - 8		
(3) Child support I receive for those children.	\$ 200	

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

HYPO #6

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

HYP0 # 1
(non-maximized)

Monthly Support Totals	Parent 1	Parent 2					
Monthly Child Support Amount	2469.00	0.00					
Basic Child Support Amount	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	0.00	0.00					
Temporary Spousal Support Amount (Santa Clara Formula)	1295.00	0.00					
Monthly Tax/Income Information (Tax Year: 2017)	Parent 1	Parent 2					
Monthly Net Disposable Income	9706.00	4503.00					
Monthly Taxable & Non-Taxable Gross Income	14050.00	6000.00					
Monthly Taxable Gross Income	10675.00	5725.00					
Monthly Non-Taxable Gross Income	3000.00	0.00					
Federal Adjusted Gross Income	9969.00	5725.00					
Federal Taxable Income	7081.00	3933.00					
Net Income After Support	7237.00	6972.00					
Federal Tax Filing Status	SINGLE	HEAD OF HOUSEHOLD					
Number of Tax Exemptions (Federal)	1	3					
State Tax Filing Status	SAME AS FEDERAL						
Number of Tax Exemptions (State)	1	0					
Federal Tax Liabilities	1415.00	368.00					
State Tax Liabilities	466.00	0.00					
FICA (Social Security and/or Medicare)	0.00	459.00					
Self-Employment Tax	1413.00	0.00					
CASDI	0.00	0.00					
TANF/CalWORKS	NO	NO					
Other Monthly Deduction Totals	Parent 1	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					
Extraordinary Health Expenses	0.00	0.00					
Uninsured Catastrophic Losses	0.00	0.00					
Monthly Support Amounts Per Child	% Time with Parent 1	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
Average % Time with Parent 1	15.0%	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

HYP0 1
(non-maximized)
(1054)

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
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 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	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

Hypo1
(non-maximized)
(2 of 4)

Operating Losses, etc)		
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 Section 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 Deduction 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
Deductible 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

Hypo 1
(non-maximized)
(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		
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

HYPD 1
(non-maximized)
(4 of 4)

HYP0#1
MAXIMIZED

Calculation Results Summary

Monthly Support Totals		Parent 1	Parent 2					
Monthly Child Support Amount		2539.00	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		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 Clara Formula)		1475.00	0.00					
Monthly Tax/Income Information (Tax Year: 2017)		Parent 1	Parent 2					
Monthly Net Disposable Income		9932.00	4198.00					
Monthly Taxable & Non-Taxable Gross Income		14050.00	6000.00					
Monthly Taxable Gross Income		10675.00	5725.00					
Monthly Non-Taxable Gross Income		3000.00	0.00					
Federal Adjusted Gross Income		9969.00	5725.00					
Federal Taxable Income		6406.00	4608.00					
Net Income After Support		7393.00	6737.00					
Federal Tax Filing Status		SINGLE	HEAD OF HOUSEHOLD					
Number of Tax Exemptions (Federal)		3	1					
State Tax Filing Status		SAME AS FEDERAL						
Number of Tax Exemptions (State)		3	0					
Federal Tax Liabilities		1246.00	673.00					
State Tax Liabilities		409.00	0.00					
FICA (Social Security and/or Medicare)		0.00	459.00					
Self-Employment Tax		1413.00	0.00					
CASDI		0.00	0.00					
TANF/CalWORKS		NO	NO					
Other Monthly Deduction Totals		Parent 1	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					
Extraordinary Health Expenses		0.00	0.00					
Uninsured Catastrophic Losses		0.00	0.00					
Monthly Support Amounts Per Child		% Time with Parent 1	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	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
Average % Time with Parent 1		15.0%	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							

HYP0 1
MAXIMIZED
(1 of 4)

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
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 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	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

Hypoi
MAXIMIZED
(2 of 4)

Operating Losses, etc)		
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 Section 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 Deduction 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

HYPO
MAXIMIZED
(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		
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

HYP0 1
Maximized
(4 of 4)

HYP0 #3

LINE 3

Calculation Results Summary

Monthly Support Totals		Parent 1	Parent 2					
Monthly Child Support Amount		757.00	0.00					
Basic Child Support Amount		757.00	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		0.00	0.00					
Temporary Spousal Support Amount (N/A)		0.00	0.00					
Monthly Tax/Income Information (Tax Year: 2017)		Parent 1	Parent 2					
Monthly Net Disposable Income		3097.00	2208.00					
Monthly Taxable & Non-Taxable Gross Income		4625.00	2627.00					
Monthly Taxable Gross Income		4625.00	2252.00					
Monthly Non-Taxable Gross Income		0.00	0.00					
Federal Adjusted Gross Income		4625.00	2252.00					
Federal Taxable Income		2846.00	798.00					
Net Income After Support		2340.00	2965.00					
Federal Tax Filing Status		SINGLE	HEAD OF HOUSEHOLD					
Number of Tax Exemptions (Federal)		1	2					
State Tax Filing Status		SAME AS FEDERAL	SAME AS FEDERAL					
Number of Tax Exemptions (State)		1	2					
Federal Tax Liabilities		388.00	-171.00					
State Tax Liabilities		96.00	0.00					
FICA (Social Security and/or Medicare)		354.00	191.00					
Self-Employment Tax		0.00	0.00					
CASDI		42.00	24.00					
TANF/CalWORKS		NO	NO					
Other Monthly Deduction Totals		Parent 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		% Time with Parent 1	Parent 1 Add-Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add-Ons	Parent 2 Support	Parent 2 Total
FIRST-BORN		3.0	0.00	757.00	757.00	0.00	0.00	0.00
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 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

HYP0 3
Line 3

(1 of 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 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

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Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Section 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)	224.00	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
Deductible 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

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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		
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information		
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

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HYP0 #3
LINE 4

Calculation Results Summary

Monthly Support Totals		Parent 1	Parent 2					
Monthly Child Support Amount		224.00	0.00					
Basic Child Support Amount		224.00	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		0.00	0.00					
Temporary Spousal Support Amount (N/A)		0.00	0.00					
Monthly Tax/Income Information (Tax Year: 2017)		Parent 1	Parent 2					
Monthly Net Disposable Income		2564.00	4681.00					
Monthly Taxable & Non-Taxable Gross Income		4625.00	6375.00					
Monthly Taxable Gross Income		4625.00	6375.00					
Monthly Non-Taxable Gross Income		0.00	0.00					
Federal Adjusted Gross Income		4625.00	6375.00					
Federal Taxable Income		2846.00	4921.00					
Net Income After Support		2340.00	4905.00					
Federal Tax Filing Status		SINGLE	HEAD OF HOUSEHOLD					
Number of Tax Exemptions (Federal)		1	2					
State Tax Filing Status		SAME AS FEDERAL	SAME AS FEDERAL					
Number of Tax Exemptions (State)		1	2					
Federal Tax Liabilities		388.00	676.00					
State Tax Liabilities		96.00	148.00					
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	NO					
Other Monthly Deduction Totals		Parent 1	Parent 2					
Child Support Paid (Other Relationships)		757.00	0.00					
Required Union Dues		0.00	50.00					
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					
Uninsured Catastrophic Losses		0.00	0.00					
Monthly Support Amounts Per Child		% Time with Parent 1	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	224.00	224.00	0.00	0.00	0.00
Average % Time with Parent 1		25.0%	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 Add-Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add-Ons	Parent 2 Support	Parent 2 Total

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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 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	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

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Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Section 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
Deductible 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

HYP 3
Line 4

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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		
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information		
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

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Line 4
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HYPO #4
(2 Kids)

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	0.00					
Temporary Spousal Support Amount (N/A)	0.00	0.00					
Monthly Tax/Income Information (Tax Year: 2017)	Parent 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	0.00	0.00					
Federal Adjusted Gross Income	0.00	4225.00					
Federal Taxable Income	0.00	2771.00					
Net Income After Support	545.00	2950.00					
Federal Tax Filing Status	HEAD OF HOUSEHOLD	HEAD OF HOUSEHOLD					
Number of Tax Exemptions (Federal)	2	2					
State Tax Filing Status	SAME AS FEDERAL	SAME AS FEDERAL					
Number of Tax Exemptions (State)	2	2					
Federal Tax Liabilities	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	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	% Time with Parent 1	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
Average % Time with Parent 1	30.0%	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

HYPO 4
(2 Kids)
(1 of 4)

		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 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			

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

HYP0 4
(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 Section 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)	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
Deductible 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

HYP0 4
(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		
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information		
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

HYPD 4
(2 kids)
(4 of 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 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		

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
Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00

Hypo 4
(1 kid)
(2 of 4)

Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Section 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)	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
Deductible 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

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(1 Kid)
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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		
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information		
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

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(1 kid)
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HYP0 #5

Calculation Results Summary

Monthly Support Totals	Parent 1		Parent 2				
Monthly Child Support Amount	0.00		171.00				
Basic Child Support Amount	0.00		171.00				
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		0.00				
Temporary Spousal Support Amount (N/A)	0.00		0.00				
Monthly Tax/Income Information (Tax Year: 2017)	Parent 1		Parent 2				
Monthly Net Disposable Income	5264.00		4320.00				
Monthly Taxable & Non-Taxable Gross Income	6925.00		5500.00				
Monthly Taxable Gross Income	6150.00		5325.00				
Monthly Non-Taxable Gross Income	775.00		0.00				
Federal Adjusted Gross Income	5813.00		5325.00				
Federal Taxable Income	4021.00		2803.00				
Net Income After Support	5435.00		4149.00				
Federal Tax Filing Status	HEAD OF HOUSEHOLD		HEAD OF HOUSEHOLD				
Number of Tax Exemptions (Federal)	3		3				
State Tax Filing Status	SAME AS FEDERAL		SAME AS FEDERAL				
Number of Tax Exemptions (State)	3		3				
Federal Tax Liabilities	381.00		198.00				
State Tax Liabilities	74.00		11.00				
FICA (Social Security and/or Medicare)	0.00		421.00				
Self-Employment Tax	675.00		0.00				
CASDI	0.00		50.00				
TANF/CalWORKS	NO		NO				
Other Monthly Deduction Totals	Parent 1		Parent 2				
Child Support Paid (Other Relationships)	0.00		0.00				
Required Union Dues	0.00		75.00				
Mandatory Retirement	0.00		100.00				
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	% Time with Parent 1	Parent 1 Add-Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add-Ons	Parent 2 Support	Parent 2 Total
FIRST-BORN	50.0	0.00	92.00	92.00	0.00	0.00	0.00
SECOND-BORN	43.0	0.00	290.00	290.00	0.00	0.00	0.00
THIRD-BORN	81.0	0.00	0.00	0.00	0.00	553.00	553.00
Average % Time with Parent 1	58.0%	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

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Calculation Results Summary and Detail

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
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 Information		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
Other Income (Retirement, Annuity, SS Other Rel,		1375.00	0.00

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Calculation Results Summary and Detail

Operating Losses, etc)		
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 Section 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

Monthly Deduction 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	225.00
Mortgage Interest	0.00	1235.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductible 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
Wage 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

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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		
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

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		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 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		2600.00	5000.00
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

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Dud #1
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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 Section 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)	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
Deductible 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

HYA/6
Ded #1

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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

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Dad #1
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HYP0 #6
Dad #2

Calculation Results Summary

Monthly Support Totals	Parent 1	Parent 2					
Monthly Child Support Amount	328.00	0.00					
Basic Child Support Amount	328.00 to 347.00	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	0.00	0.00					
Temporary Spousal Support Amount (N/A)	0.00	0.00					
Monthly Tax/Income Information (Tax Year: 2017)	Parent 1	Parent 2					
Monthly Net Disposable Income	1554.00	1370.00					
Monthly Taxable & Non-Taxable Gross Income	2600.00	1733.00					
Monthly Taxable Gross Income	2302.00	1733.00					
Monthly Non-Taxable Gross Income	0.00	0.00					
Federal Adjusted Gross Income	2302.00	10493.00					
Federal Taxable Income	848.00	6320.00					
Net Income After Support	1226.00	1698.00					
Federal Tax Filing Status	HEAD OF HOUSEHOLD	MARRIED FILING JOINTLY (NOT WITH PARENT 1)					
Number of Tax Exemptions (Federal)	2	4					
State Tax Filing Status	SAME AS FEDERAL	SAME AS FEDERAL					
Number of Tax Exemptions (State)	2	4					
Federal Tax Liabilities	-214.00	127.00					
State Tax Liabilities	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	Parent 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	% Time with Parent 1	Parent 1 Add-Ons	Parent 1 Support	Parent 1 Total	Parent 2 Add-Ons	Parent 2 Support	Parent 2 Total
FIRST-BORN	10.0	0.00	328.00	328.00	0.00	0.00	0.00
Average % Time with Parent 1	10.0%	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

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

Hyp0 6
Dad #2
(1 of 4)

		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

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		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

HYP06
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 Section 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 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
Deductible 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

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Dad #2
(3 of 4)

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

HYP0 6
Ded #2
(4 of 4)

HYP0 #6
Foster Care

Calculation Results Summary

Monthly Support Totals	Parent 1	Parent 2					
Monthly Child Support Amount	405.00	0.00					
Basic Child Support Amount	405.00 to 408.00	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	0.00	0.00					
Temporary Spousal Support Amount (N/A)	0.00	0.00					
Monthly Tax/Income Information (Tax Year: 2017)	Parent 1	Parent 2					
Monthly Net Disposable Income	1631.00	0.00					
Monthly Taxable & Non-Taxable Gross Income	2600.00	0.00					
Monthly Taxable Gross Income	2302.00	0.00					
Monthly Non-Taxable Gross Income	0.00	0.00					
Federal Adjusted Gross Income	2302.00	0.00					
Federal Taxable Income	848.00	0.00					
Net Income After Support	1226.00	405.00					
Federal Tax Filing Status	HEAD OF HOUSEHOLD	HEAD OF HOUSEHOLD					
Number of Tax Exemptions (Federal)	2	2					
State Tax Filing Status	SAME AS FEDERAL	SAME AS FEDERAL					
Number of Tax Exemptions (State)	2	2					
Federal Tax Liabilities	-214.00	0.00					
State Tax Liabilities	0.00	0.00					
FICA (Social Security and/or Medicare)	199.00	0.00					
Self-Employment Tax	0.00	0.00					
CASDI	23.00	0.00					
TANF/CalWORKS	NO	NO					
Other Monthly Deduction Totals	Parent 1	Parent 2					
Child Support Paid (Other Relationships)	328.00	0.00					
Required Union Dues	0.00	0.00					
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	% Time with Parent 1	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	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	0.00	0.00

PARENT 1 is required to pay PARENT 2 \$405.00 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	Parent 2 Support	Parent 2 Total

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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 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			

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

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Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Section 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)	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
Deductible 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

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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		
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information		
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

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