



Ohio Revised Code

Section 3119.022 Child support computation worksheet - sole residential parent or shared parenting order.

Effective: June 30, 2007

Legislation: House Bill 119 - 127th General Assembly

When a court or child support enforcement agency calculates the amount of child support to be paid pursuant to a child support order in a proceeding in which one parent is the residential parent and legal custodian of all of the children who are the subject of the child support order or in which the court issues a shared parenting order, the court or agency shall use a worksheet identical in content and form to the following:

CHILD SUPPORT COMPUTATION WORKSHEET SOLE RESIDENTIAL PARENT OR SHARED PARENTING ORDER

Name of parties Case No. Number of minor children

The following parent was designated as residential parent and legal custodian: mother father shared

Column I Column II Column III Father Mother Combined

INCOME:

1.a. Annual gross income from employment or, when determined appropriate by the court or agency, average annual gross income from employment over a reasonable period of years. (Exclude overtime, bonuses, self-employment income, or commissions)

\$.....\$.....

b. Amount of overtime, bonuses, and commissions (year 1 representing the most recent year)



Father Mother Yr. 3 \$..... Yr. 3 \$..... (Three years ago) (Three years ago) Yr. 2 \$..... Yr. 2
\$..... (Two years ago) (Two years ago) Yr. 1 \$..... Yr. 1 \$..... (Last calendar year) (Last calendar
year) Average \$..... Average \$.....

(Include in Col. I and/or Col. II the average of the three years or the year 1 amount, whichever is less, if there exists a reasonable expectation that the total earnings from overtime and/or bonuses during the current calendar year will meet or exceed the amount that is the lower of the average of the three years or the year 1 amount. If, however, there exists a reasonable expectation that the total earnings from overtime/bonuses during the current calendar year will be less than the lower of the average of the 3 years or the year 1 amount, include only the amount reasonably expected to be earned this year.)

\$.....\$.....

2. For self-employment income:

a. Gross receipts from business

\$.....\$.....

b. Ordinary and necessary business expenses

\$.....\$.....

c. 5.6% of adjusted gross income or the actual marginal difference between the actual rate paid by the self-employed individual and the F.I.C.A. rate

\$.....\$.....

d. Adjusted gross income from self-employment (subtract the sum of 2b and 2c from 2a)

\$.....\$.....

3. Annual income from interest and dividends (whether or not taxable)



\$.....\$.....

4. Annual income from unemployment compensation

\$.....\$.....

5. Annual income from workers' compensation, disability insurance benefits, or social security disability/retirement benefits

\$.....\$.....

6. Other annual income (identify)

\$.....\$.....

7. a. Total annual gross income (add lines 1a, 1b, 2d, and 3-6)

\$.....\$.....

b. Health insurance \$.....\$..... maximum (multiply line 7a by 5%)

ADJUSTMENTS TO INCOME:

8. Adjustment for minor children born to or adopted by either parent and another parent who are living with this parent; adjustment does not apply to stepchildren (number of children times federal income tax exemption less child support received, not to exceed the federal tax exemption)

\$.....\$.....

9. Annual court-ordered support paid for other children

\$.....\$.....



10. Annual court-ordered spousal support paid to any spouse or former spouse

\$.....\$.....

11. Amount of local income taxes actually paid or estimated to be paid

\$.....\$.....

12. Mandatory work-related deductions such as union dues, uniform fees, etc. (not including taxes, social security, or retirement)

\$.....\$.....

13. Total gross income adjustments (add lines 8 through 12)

\$.....\$.....

14.a. Adjusted annual gross income (subtract line 13 from line 7a)

\$.....\$.....

b. Cash medical support maximum (If the amount on line 7a, Col. I, is under 150% of the federal poverty level for an individual, enter \$0 on line 14b, Col. I. If the amount on line 7a, Col. I, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col. I, by 5% and enter this amount on line 14b, Col. I. If the amount on line 7a, Col. II, is under 150% of the federal poverty level for an individual, enter \$0 on line 14b, Col. II. If the amount on line 7a, Col. II, is 150% or higher of the federal poverty level for an individual, multiply the amount on line 14a, Col. II, by 5% and enter this amount on line 14b, Col. II.)

\$.....\$.....

15. Combined annual income that is basis for child support order (add line 14a, Col. I and Col. II)



\$.....

16. Percentage of parent's income to total income

a. Father (divide line 14a, Col. I, by line 15, Col. III)%

b. Mother (divide line 14a, Col. II, by line 15, Col. III)%

17. Basic combined child support obligation (refer to schedule, first column, locate the amount nearest to the amount on line 15, Col. III, then refer to column for number of children in this family. If the income of the parents is more than one sum but less than another, you may calculate the difference.)

\$.....

18. Annual support obligation per parent

a. Father (multiply line 17, Col. III, by line 16a)

\$.....

b. Mother (multiply line 17, Col. III, by line 16b)

\$.....

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

\$.....\$.....

20. a. Marginal, out-of-pocket costs, necessary to provide for health insurance for the children who are the subject of this order (contributing cost of private family health insurance, minus the contributing



cost of private single health insurance, divided by the total number of dependents covered by the plan, including the children subject of the support order, times the number of children subject of the support order)

\$.....\$.....

b. Cash medical support obligation (enter the amount on line 14b or the amount of annual health care expenditures estimated by the United States Department of Agriculture and described in section 3119.30 of the Revised Code, whichever amount is lower)

\$.....\$.....

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

Father (only if obligor Mother (only if obligor or shared parenting) or shared parenting) a. Additions: line 16a times b. Additions: line 16b the sum of amounts shown times the sum of amounts on line 19, Col. II and shown on line 19, Col. II line 20a, Col. II and line 20a, Col.

I \$.....\$..... c. Subtractions: line 16b d. Subtractions: line 16a times sum of amounts times sum of amounts shown on line 19, Col. I shown on line 19, Col. and line 20a, Col. III and line 20a, Col. II \$.....\$.....

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

a. Father: line 18a plus or minus the difference between line 21a minus line 21c

\$.....

b. Mother: line 18b plus or minus the difference between line 21b minus line 21d

\$.....

23. ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS PROVIDED:



a. (Line 22a or 22b, \$..... whichever line corresponds to the parent who is the obligor).

b. Any non-means-tested benefits, including social security and veterans' benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent

\$.....

c. Actual annual obligation (subtract line 23b from line 23a)

\$.....

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

Father (only if obligor Mother (only if obligor or shared parenting) or shared parenting) a. Additions:

line 16a times b. Additions: line 16b the sum of the amounts times the sum of the shown on line 19, Col. II amounts shown on line and line 20b, Col. II 19, Col. I and line 20b, Col.

I \$..... \$..... c. Subtractions: line 16b d. Subtractions: line times the sum of the 16a times the sum of the amounts shown on line 19, amounts shown on line Col. I and line 20b, 19, Col. II and line Col. I 20b, Col. II \$..... \$.....

25. OBLIGATION AFTER ADJUSTMENTS TO CHILD SUPPORT WHEN HEALTH INSURANCE IS NOT PROVIDED:

a. Father: line 18a plus or minus the difference between line 24a minus line 24c

\$.....

b. Mother: line 18b plus or minus the difference between line 24b and 24d

\$.....

26. ACTUAL ANNUAL OBLIGATION WHEN HEALTH INSURANCE IS NOT PROVIDED:



a. (Line 25a or 25b, \$..... whichever line corresponds to the parent who is the obligor)

b. Any non-means-tested \$..... benefits, including social security and veterans' benefits, paid to and received by a child or a person on behalf of the child due to death, disability, or retirement of the parent

c. Actual annual \$..... obligation (subtract line 26b from line 26a)

27.a. Deviation from sole residential parent support amount shown on line 23c if amount would be unjust or inappropriate: (see section 3119.23 of the Revised Code.) (Specific facts and monetary value must be stated.)

b. Deviation from shared parenting order: (see sections 3119.23 and 3119.24 of the Revised Code.) (Specific facts including amount of time children spend with each parent, ability of each parent to maintain adequate housing for children, and each parent's expenses for children must be stated to justify deviation.)

WHEN HEALTH INSURANCE IS NOT PROVIDED

28. FINAL CHILD SUPPORT FIGURE: (This amount reflects final annual child support obligation; in Col. I, enter line 23c plus or minus any amounts indicated in line 27a or 27b; in Col. II, enter line 26c plus or minus any amounts indicated in line 27a or 27b)

\$..... \$..... Father/Mother,

OBLIGOR

29. FOR DECREE: Child support per month (divide obligor's annual share, line 28, by 12) plus any processing charge

\$..... \$.....

30. FINAL CASH MEDICAL SUPPORT FIGURE: (this amount reflects the final annual cash medical



support to be paid by the obligor when neither parent provides health insurance coverage for the child;
enter obligor's cash medical support amount from line 20b

\$.....

31. FOR DECREE: Cash medical support per month (divide line 30 by 12)

\$.....

Prepared by: Counsel: Pro se: (For mother/father) CSEA: Other:
.....

Worksheet Has Been Reviewed and Agreed To:

..... Mother Date

..... Father Date