

FORM OF INCOME AND EXPENSE STATEMENT UNDER N1910.26(c)  
DRS-1-81 (Rev. 3/91)  
IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY, PENNSYLVANIA  
DOMESTIC RELATIONS SECTION

Initials: \_\_\_\_\_  
DR- \_\_\_\_\_

\_\_\_\_\_ vs \_\_\_\_\_

INCOME AND EXPENSE STATEMENT

Name \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
Medical Insur. Co. \_\_\_\_\_ Policy/Group No. \_\_\_\_\_

1. Total Gross Income per Pay Period \$ \_\_\_\_\_
2. Deductions:
  - a.) Federal, State, Local Taxes \$ \_\_\_\_\_
  - b.) F.I.C.A. \$ \_\_\_\_\_
  - c.) Mandatory Retirement \$ \_\_\_\_\_
  - d.) Union dues \$ \_\_\_\_\_
  - e.) Medical insurance premiums \$ \_\_\_\_\_
3. Total Net Income per Pay Period \$ \_\_\_\_\_
4. Pay Period: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_

5. List all other sources of income to you or your household and the amounts: \_\_\_\_\_  
\_\_\_\_\_
6. List any joint marital debts you are paying and the amounts: \_\_\_\_\_  
\_\_\_\_\_
7. Other support obligations: \_\_\_\_\_  
\_\_\_\_\_
8. Child day care expenses, if any: \_\_\_\_\_  
\_\_\_\_\_
9. List unusual needs, extraordinary expenses, unusual fixed obligations and any other relevant factors not set forth above: \_\_\_\_\_  
\_\_\_\_\_
10. Extraordinary medical expenses: \_\_\_\_\_  
\_\_\_\_\_

I verify that the facts set forth herein are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Subsection 4904, relating to unsworn falsification to authorities.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

SELF EMPLOYMENT DISCLOSURE

I am a person who:

- operates a business or practices a profession.
- is a member of a partnership or joint venture.
- is a shareholder in and is salaried by a closed corporation or similar entity.

Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, profession, corporation or similar entity:

- a.) The most recent Federal Income Tax Return (must include Schedule K-1, Form 1065, and 1120S, if appropriate.)
- b.) The most recent Profit and Loss Statement

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Nature of business:                       Partnership                       Joint venture  
 Profession                       Closed Corporation                       Other

Name and telephone number of accountant, controller, or other person in charge of financial records: \_\_\_\_\_

Annual Income from Business: \$ \_\_\_\_\_

Monthly Salary from Business: \$ \_\_\_\_\_

Monthly Draw from Business: \$ \_\_\_\_\_

Special business circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that the above information (both sides) is true and correct. I understand that false statements made herein are made subject to the penalties of 18 Pa. C.S. s.4904, relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_