

Plaintiff/Petitioner Defendant/Respondent

**IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII**

Plaintiff/Petitioner,
vs.

Defendant/Respondent.

) FC-____ NO. _____
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) **Income and Expense Statement**
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Income and Expense Statement

Plaintiff/Petitioner Defendant/Respondent

Occupation: _____
Job Title

Employer: _____

Address: _____

Length of service: _____ months/years

Income Tax Withholding based on: _____ dependents

INCOME

Gross Income Paid: [] monthly [] 2 times per month [] every 2 weeks [] weekly [] or other _____

Gross pay per period \$ _____ Per Month \$ _____

Payroll deductions per pay period:

Federal income tax \$ _____

State income tax \$ _____

FICA (Social Security) \$ _____

Union Dues \$ _____

a) Net pay per period \$ _____ Per Month \$ _____

Other:

Retirement/401K \$ _____

Credit Union \$ _____

Direct Deposit \$ _____

Income Assignments \$ _____

Support Payments \$ _____

Medical Insurance \$ _____

b) Take home per pay period \$ _____ Per Month \$ _____

Other regular monthly income (*rental income, 2nd job, interest, child support, welfare, food stamps and any other source*)

Gross monthly receipt \$ _____

Taxes paid IRS and State on above \$ _____

c) Total other income net \$ _____

Total Monthly Income (Add per month income from lines a and c above) \$ _____

EXPENSES

Do not list expenses which are paid by payroll deduction

Housing, expenses per month:

Rent, mortgage, agreement of sale	\$ _____
Insurance if not included above	\$ _____
Real Property taxes (if paid separately)	\$ _____
Utilities (gas, water, elec., telephone, etc.)	\$ _____

Transportation expenses per month:

Car payment, lease, rental	\$ _____
Insurance on vehicle	\$ _____
Maintenance (repairs)	\$ _____
Operating (gas, oil & tires)	\$ _____

Total Housing and Transportation expenses \$ _____

Debt service *(all monthly payments, e.g. credit cards, finance company, personal loans)* \$ _____

Personal Expenses per month:

	Self	Children No. (___)
Food	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Medical and Dental	\$ _____	\$ _____
Laundry and Cleaning	\$ _____	\$ _____
Personal articles	\$ _____	\$ _____
Recreation (movies, etc.)	\$ _____	\$ _____
School (include food)	\$ _____	\$ _____
Household	\$ _____	\$ _____
Bus (on monthly basis)	\$ _____	\$ _____
Other (_____)	\$ _____	\$ _____
Payment to others for dependent care		\$ _____
Subtotals	\$ _____	\$ _____
Total Personal expenses	\$ _____	

Grand Total Expenses: Housing, Transportation, Debt and Personal \$ _____

Savings, <Deficiency>: Income minus Expenses \$ _____

Explain in detail where savings are invested, or if there is a <deficiency>, who provides the funds to maintain the level of spending indicated in this income and expense statement. (Use separate sheet if more space is needed)

CERTIFICATION

I hereby declare under the penalty of perjury that I have supplied the information used in this Income and Expense Statement and have reviewed this statement and I certify that the information is accurate, complete and correct.

Date

Plaintiff's/Petitioner's Signature

Date

Defendant's/Respondent's Signature