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Washington State Child Support Schedule Worksheets

[X] Proposed by [X] Siriniya Surina [] State of WA [] Other Or, [] Signed by the Judicial/Reviewing Officer. (CSW)

(CSWP)

County SPOKANE

Case No. 17-3-01817-0

Child/ren and Age/s: David Michael Surina, 5; Andrew Alex Surina, 1

Parents' Names: Sirinya Polraj Surina (Column 1)

Aaron Michael Surina (Column 2)

	Si	rinya	Aaron	
Part I: Income (see Instructions, page 6)	1 200			
1. Gross Monthly Income	A MONTH OF THE PARTY OF THE PAR	DOUGL I MONTAL YOUR PROPERTY DOWNERS AND		
a. Wages and Salaries Imputed for Sirinya	- \$11019.0			
b.Interest and Dividend Income		-	-	
c.Business Income		-	-	
d.Maintenance Received		-	-	
e.Other Income		-	-	
f. Imputed Income	\$1	,906.00	-	
g.Total Gross Monthly Income (add lines 1a through 1f)	\$1	,906.00	\$11019.00	
2. Monthly Deductions from Gross Income		300		
a.Income Taxes (Federal and State) Tax Year: 2017		•	\$2,257.80	
b.FICA (Soc.Sec.+Medicare)/Self-Employment Taxes		\$145.81	\$816.98	
c. State Industrial Insurance Deductions		-	\$7.00	
d.Mandatory Union/Professional Dues		-	=	
e.Mandatory Pension Plan Payments	J.	-	\$262.00	
f. Voluntary Retirement Contributions		-	-	
g.Maintenance Paid		-	-	
h.Normal Business Expenses				
i. Total Deductions from Gross Income				
(add lines 2a through 2h)	\$145.81 \$3,343.7			
3. Monthly Net Income (line 1g minus 2i)	\$1	,760.19	\$7,675.22	
4. Combined Monthly Net Income		\$9,43	5.41	
(add both parents' monthly net incomes from line 3)	100			
 Basic Child Support Obligation (Combined amounts →) 				
David Michael Surina \$974.00				
Andrew Alex Surina \$974.00	\$1,948.00			
Ħ				
<u>.</u>				
6. Proportional Share of Income (divide line 3 by line 4 for each parent)		.187	.813	

WSCSS-Worksheets - Mandatory (CSW/CSWP) 05/2016 Page 1 of 5

	Sirinya	Aaron				
Part II: Basic Child Support Obligation (see Instructions, page 7)						
7. Each Parent's Basic Child Support Obligation without consideration						
of low income limitations (Each parent's Line 6 times Line 5.)	\$364.28 \$1,583					
8. Calculating low income limitations: Fill in only those that apply.						
Self-Support Reserve: (125% of the Federal Poverty Guideline.)	\$1,25	6.00				
a. Is combined Net Income Less Than \$1,000? If yes, for each						
parent enter the presumptive \$50 per child.	•	-				
b. Is Monthly Net Income Less Than Self-Support Reserve? If yes,		ĺ				
for that parent enter the presumptive \$50 per child.	-	-				
c. Is Monthly Net Income equal to or more than Self-Support						
Reserve? If yes, for each parent subtract the self-support reserve from line 3. If that amount is less than line 7, enter that						
amount or the presumptive \$50 per child, whichever is greater.	_	1 _				
Each parent's basic child support obligation after calculating						
applicable limitations. For each parent, enter the lowest amount						
from line 7, 8a - 8c, but not less than the presumptive \$50 per child.	\$364.28	\$1,583.72				
Part III: Health Care, Day Care, and Special Child Rearing Expenses	(see Instruction	ons, page 8)				
10. Health Care Expenses						
a. Monthly Health Insurance Premiums Paid for Child(ren)	-	-				
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	•	-				
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	-	_				
d.Combined Monthly Health Care Expenses	7.3.1					
(add both parent's totals from line 10c)		-				
11. Day Care and Special Expenses						
a.Day Care Expenses	-	-				
b.Education Expenses	-					
c.Long Distance Transportation Expenses	-	-				
d.Other Special Expenses (describe)						
	-	-				
	-	-				
	-	-				
Table Day One and One in E		-				
e. Total Day Care and Special Expenses	-	-				
(Add lines 11a through 11d) 12. Combined Monthly Total Day Care and Special Expenses (add	3					
both parents' day care and special expenses from line 11e)		_				
13. Total Health Care, Day Care, and Special Expenses (line 10d						
plus line 12)		_				
14. Each Parent's Obligation for Health Care, Day Care, and Special						
Expenses (multiply each number on line 6 by line 13)	-	-				
Part IV: Gross Child Support Obligation						
15. Gross Child Support Obligation (line 9 plus line 14)	\$364.28	\$1,583.72				
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WSCSS-Worksheets - Mandatory (CSW/CSWP) 05/2016 Page 2 of 5

	Sirinya	Aaron
Part V: Child Support Credits (see Instructions, page 9)		at tool
16. Child Support Credits		
a.Monthly Health Care Expenses Credit	-	-
b.Day Care and Special Expenses Credit	-	
c. Other Ordinary Expenses Credit (describe)		
		•
	-	
	-	-
d.Total Support Credits (add lines 16a through 16c)	-	
Part VI: Standard Calculation/Presumptive Transfer Payment (see	Instructions, pag	e 9)
17. Standard Calculation (line 15 minus line 16d or \$50 per child	\$264.00	¢4 502 70
whichever is greater)	\$364.28	\$1,583.72
Part VII: Additional Informational Calculations		
18. 45% of each parent's net income from line 3 (.45 x amount from		
line 3 for each parent)	\$792.09	\$3,453.85
19. 25% of each parent's basic support obligation from line 9 (.25 x		
amount from line 9 for each parent)	\$91.07	\$395.93
Part VIII: Additional Factors for Consideration (see Instructions, page	ge 9)	
20. Household Assets		
(List the estimated value of all major household assets.)		
a.Real Estate	-	-
b.Investments	-	-
c. Vehicles and Boats	-	
d.Bank Accounts and Cash	-	-
e.Retirement Accounts	-	-
f. Other: (describe)	-	-
	-	-
	-	-
21. Household Debt	-	-
(List liens against household assets, extraordinary debt.)		
a.	-	•
b.		-
С.		_
d.	_	-
e.	•	•
f.	-	-
22. Other Household Income		2000 V 2 2000
a.Income Of Current Spouse or Domestic Partner (if not the other parent of this action)		
Name		_
Name		
b. Income Of Other Adults in Household		
Name		_ ^
Name	<u> </u>	
Name	-	

WSCSS-Worksheets - Mandatory (CSW/CSWP) 05/2016 Page 3 of 5

						Sirinya	Aaron
c. Gross Income from overtime or from				arty			
is asking the court to exclude per Inst	ruction	s, page	8			-	-
d.Income Of Child(ren) (if considered e.	xtraord	inary)					
Name	w-14/4 W-1/14/44-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		·			-	-
Name							
e.Income From Child Support					···		
Name						-	-
Name							•
f. Income From Assistance Programs							
Program							-
Program						-	-
g.Other Income (describe)		·/					
						-	-
		4	274			-	-
23. Non-Recurring Income (describe)							
White the second							-
						-	
24. Child Support Owed, Monthly, for Biologi							
	Paid [-	
	Paid [-	-
Name/age:	Paid [res	111	10		-	•
25. Other Child(ren) Living In Each Househo	ola						
(First name(s) and age(s))						***************************************	
					8		
26. Other Factors For Consideration	s 5 - 100				-		
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WSCSS-Worksheets - Mandatory (CSW/CSWP) 05/2016 Page 4 of 5

Other Factors For Consideration (continued) (attach additional pages as necessary)			
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	·		
	7		
<u> </u>			
Signature and Dates			
I declare, under penalty of perjury under the laws of contained in these Worksheets is complete, true, ar	the State of Washington, the information and correct.		
Girinus Turim Ballita			
Parent's Signature (Column 2)	Parent's Signature (Column 2)		
9-26-17 Spokune			
Date City	Date City		
Judicial/Reviewing Officer	Date		

This Worksheet has been certified by the State of Washington Administrative Office of the Courts.

Photocopying of the worksheet is permitted.

WSCSS-Worksheets - Mandatory (CSW/CSWP) 05/2016 Page 5 of 5 c:..\state templates\waworksheet.dtf c:\program files (x86)\legalplus\surina\surina\surina.scp 09/26/2017 12:30 pm

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