

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Message phone: \_\_\_\_\_

NOTE: If for any reason you do not wish the other party to know your physical address, you must still provide a mailing address so that the court and the other party can serve you by mail.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff,  
  
vs  
  
\_\_\_\_\_,  
Defendant.  
\_\_\_\_\_

Your Case Number: \_\_\_\_\_

**CHILD SUPPORT INCOME AFFIDAVIT & MEMORANDUM IN SUPPORT OF**  
 **MOTION FOR INCOME AVERAGING**  **OTHER** \_\_\_\_\_

Directions: Fill out the column that applies to you. If you have information about what the other parent makes, you may write "estimated" above his/her column and provide the information. At the end of this affidavit, you will be asked to explain why you believe that is or should be the other parent's income.

I swear or affirm that the following information is true to the best of my knowledge and belief. I have attached copies of my federal tax returns and pay stubs to verify this information.

The following income and deductions are  monthly  yearly FOR THE YEAR \_\_\_\_\_.

	<u>FATHER</u>	<u>MOTHER</u>
<b>1. INCOME</b>		
Currently on ATAP, TANF or SSI etc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Wages	_____	_____
Disability, SSDI or the like	_____	_____
Unemployment Compensation	_____	_____
Value of employer-provided housing/food/etc.	_____	_____
Non-taxable military allowances for quarters, rations, COLA and specialty pay	_____	_____
Permanent Fund Dividend	_____	_____
Other:	_____	_____
<b>TOTAL INCOME</b>	_____	_____

**2. DEDUCTIONS**

Federal Income Tax	_____	_____
Social Security Tax	_____	_____
Medicare Tax	_____	_____
Employment Security Tax	_____	_____
Mandatory retirement deductions	_____	_____
Mandatory union dues	_____	_____

Voluntary tax-deferred contributions to a qualified retirement plan, up to 7.5% of gross, if not participating in a mandatory plan \_\_\_\_\_

Other mandatory deductions (specify):  
\_\_\_\_\_

Work-related child care for child(ren) of this relationship \_\_\_\_\_

Child support/alimony ordered in other cases and currently being paid \_\_\_\_\_

Child support for children from prior relationships living with this parent, calculated under Civil Rule 90.3 \_\_\_\_\_

**TOTAL DEDUCTIONS:** \_\_\_\_\_

**3. ADJUSTED INCOME**

TOTAL INCOME from Section 1 \_\_\_\_\_

TOTAL DEDUCTIONS from Section 2 \_\_\_\_\_

Subtract Total Deductions from Total Income to get:

**ADJUSTED INCOME**  Annual  Monthly \_\_\_\_\_

