

In **6**, check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income.

If you have more than one job or business, fill out and attach the *Additional My Employment/Business* forms.

In **6b**, enter your total gross income from this employer from January 1 of this year through the date you complete this form.

In **6c**, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

6. My Employment/Business

- a. I am unemployed
- b. I am employed by someone else

Employer name _____

Employer address _____
Street Address, Apt.

City State ZIP

- Number of paychecks per year: 12 (*monthly*) 24 (*two times a month*)
 26 (*every two weeks*) 52 (*weekly*)
 I am paid in cash

Gross income (*pay before taxes and deductions*) so far this year \$ _____
as of _____
Date

c. Self-Employment or Other Business Income:

- own a business as a sole proprietorship.
- as an independent contractor.
- as a member of a partnership.
- as a member of a limited liability company (LLC) not treated as a corporation.
- closely held corporation.
- other flow-through business entity.

Business name: _____

Business address: _____
Street Address, Apt.

City State ZIP

Gross business receipts for last year \$ _____ and so far this year \$ _____

Ordinary and necessary expenses required to carry on the business for this year \$ _____ and last year \$ _____

Do you receive any of the following from the business (*check all that apply*):

- Reimbursed meals
- Company car
- Free housing or housing allowance
- Other: _____

(*You must attach complete federal and state business tax returns for the most recent tax year.*)

I have attached one or more *Additional My Employment/Business* forms.

In **7a**, check only one.

In **7a-c**, enter the information you submitted on last year's IRS tax return. If you did not file a tax return for last year, check **Did not file** in **7a**, leave **7b-d** blank, but still complete **7e**.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit (Family & Divorce Cases)*.

In **8**, **Regular employment earnings** mean the monthly gross income you receive on a regular basis from employment.

7. My gross income and taxes from last year

- a. Tax filing status Married (*Joint*) Married (*Separate*) Single
 Head of Household Did not file
- b. Number of dependent exemptions claimed _____
- c. Total number of exemptions claimed _____
- d. I claim on my federal tax return
 the standardized deduction
 itemized deductions
- e. Gross income (*before taxes and deductions*) last year \$ _____

8. My monthly gross income from all sources

| | |
|---|----------|
| Regular employment/self-employment earnings from all jobs (<i>salary, wages, base pay, etc</i>)..... | \$ _____ |
| Overtime..... | \$ _____ |
| Commission..... | \$ _____ |
| Tips..... | \$ _____ |
| Bonus..... | \$ _____ |
| Pension..... | \$ _____ |
| Annuity..... | \$ _____ |
| Interest income..... | \$ _____ |
| Dividend income..... | \$ _____ |
| Trust income..... | \$ _____ |
| Social Security Retirement | \$ _____ |
| Social Security Disability..... | \$ _____ |
| Social Security Income (SSI) (<i>not included as income for child support purposes</i>)..... | \$ _____ |
| Unemployment..... | \$ _____ |
| Disability payment (<i>not Social Security</i>)..... | \$ _____ |
| Workers' Compensation..... | \$ _____ |
| TANF and SNAP (<i>not included as income for child support purposes</i>)..... | \$ _____ |
| Military allowances..... | \$ _____ |
| Investment income..... | \$ _____ |
| Rental income..... | \$ _____ |
| Partnership income..... | \$ _____ |
| Distributions and draws..... | \$ _____ |
| Royalty income..... | \$ _____ |
| Maintenance received under an order entered in this case or another case that you must report as income on your tax return | \$ _____ |
| Maintenance received under an order entered in this case or another case that you do not have to report as income on your tax return..... | \$ _____ |
| Child support for children of this relationship (<i>if this support is paid by the other parent, it does not affect the support calculation</i>)..... | \$ _____ |
| Social Security payment made to the children of this relationship based on your disability or retirement..... | \$ _____ |
| Gifts of money..... | \$ _____ |
| Other: _____ | \$ _____ |

Total Gross Monthly Income \$

If you have other income not listed in **8**, describe the source of the income in **Other** and enter the monthly amount.

In **Total Gross Monthly Income**, add the amounts in **8** together and enter the total.

In **9**, use information from your paystubs, tax records, and other sources to identify the deductions being taken from your income. List money deducted for health insurance below in Section **13**.

In **Total Monthly Deductions**, add the amounts from **9** together and enter the total.

In **10**, list any maintenance payments you are making. If you are not sure about whether your payments are tax-deductible, speak to your attorney or tax-preparer. Generally, maintenance payments court ordered after January 1, 2019 are not tax deductible.

For **11**, attach a copy of the support order and proof that you are making the payments, e.g. cancelled checks, court records.

For help in calculating monthly amounts, see *How to Complete a Financial Affidavit*.

In **12a**, enter the amount your household spends on each item each month.

If you have other living expenses not listed in **12a**, describe the expense in **Other** and enter the monthly amount.

9. My monthly payroll deductions

Federal tax..... \$ _____
 State tax..... \$ _____
 FICA (or Social Security equivalent, for example, Self-employment) tax)..... \$ _____
 Medicare tax..... \$ _____
 Mandatory retirement contributions (by law or condition of employment, but only if no FICA or Social Security equivalent)..... \$ _____

Total Monthly Deductions \$

10. Monthly maintenance payments

Maintenance being paid or payable to the other party by you under a court order in this case..... \$ _____
 Maintenance being paid under a court order to a former spouse by you, which is tax deductible to you..... \$ _____
 Maintenance being paid under a court order to a former spouse by you, which is not tax deductible to you..... \$ _____

Total Maintenance Payments \$

11. Monthly child Support payments

Child support being paid for the children of this relationship under a court order in this case or a different case..... \$ _____
 Child support being paid under a court order for children not shared with the other party and who are not part of this case..... \$ _____
 Child support being paid, but there is no court order, for children not shared with the other party and who are not part of this case and (1) that are presumed to be yours, (2) for whom there is a voluntary acknowledgment of paternity (VAP) signed by you and the other parent, **OR** (3) for whom there is a court order naming you as a parent, but there is no support order..... \$ _____

Total Child Support Payments \$

12. My monthly Living Expenses

a. Household Expenses
 Mortgage or rent..... \$ _____
 Home equity (HELOC) and second mortgage..... \$ _____
 Real estate taxes..... \$ _____
 Homeowners or condo association dues and assessments..... \$ _____
 Homeowners or renters insurance..... \$ _____
 Gas..... \$ _____
 Electric..... \$ _____
 Telephone..... \$ _____
 Cable or satellite TV..... \$ _____
 Internet..... \$ _____
 Water and sewer..... \$ _____
 Garbage removal..... \$ _____
 Laundry and dry cleaning..... \$ _____

In **Subtotal Monthly Household Expenses**, add the amounts in **12a** together and enter the total.

| | |
|---|----|
| House cleaning service..... | \$ |
| Necessary repairs and maintenance to my property..... | \$ |
| Pet care..... | \$ |
| Groceries, household supplies, and toiletries..... | \$ |
| Other: _____ | \$ |
| Subtotal Monthly Household Expenses | \$ |

In **12b**, enter the amount you spend monthly on each type of transportation expense.

If you have other transportation expenses not listed in **12b**, describe the expense in **Other** and enter the monthly amount.

| | |
|--|----|
| b. Transportation Expenses | |
| Car payment..... | \$ |
| Repairs and maintenance..... | \$ |
| Insurance, license, registration and city sticker..... | \$ |
| Gasoline..... | \$ |
| Taxi, ride-share, bus, and train..... | \$ |
| Parking..... | \$ |
| Other: _____ | \$ |
| Subtotal Monthly Transportation Expenses | \$ |

In **Subtotal Monthly Transportation Expenses**, add the amounts in **12b** together and enter the total.

In **12c**, enter the amount you spend monthly **only for yourself** on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.

| | |
|---|----|
| c. Personal Expenses | |
| Medical (<i>out-of-pocket expenses</i>) | |
| Doctor visits..... | \$ |
| Therapy and counseling..... | \$ |
| Dental and orthodontia..... | \$ |
| Optical..... | \$ |
| Medicine..... | \$ |
| Life insurance | |
| Life (<i>term</i>)..... | \$ |
| Life (<i>whole or annuity</i>)..... | \$ |
| Clothing..... | \$ |
| Grooming (<i>hair, nails, spa, etc.</i>)..... | \$ |
| Gym & Club membership Dues..... | \$ |
| Entertainment, dining out, and hobbies..... | \$ |
| Newspapers, magazines, and subscriptions..... | \$ |
| Gifts..... | \$ |
| Donations (<i>political, religious, charity, etc.</i>)..... | \$ |
| Vacations..... | \$ |
| Mandatory or voluntary union, trade or professional association dues..... | \$ |
| Professional fees (<i>accountants, tax preparers, attorneys</i>)..... | \$ |
| Other: _____ | \$ |
| Subtotal Monthly Personal Expenses | \$ |

If you have other personal expenses not listed in **12c**, describe the expense in **Other** and enter the monthly amount.

In **Subtotal Monthly Personal Expenses**, add the amounts in **12c** together and enter the total.

In **12d**, enter the amount spent monthly for the minor and dependent children of this relationship only.

| | |
|---|----|
| d. Minor and Dependent Children Expenses | |
| Clothing..... | \$ |
| Grooming (<i>hair, nails, spa, etc.</i>)..... | \$ |
| Education | |
| Tuition..... | \$ |
| Books, fees, and supplies..... | \$ |
| School lunch..... | \$ |
| Transportation..... | \$ |

Enter the Case Number given by the Circuit Clerk: _____

School-sponsored trips and special events..... \$
Uniforms..... \$
Before and after-school care..... \$
Tutoring and summer school..... \$

In **Medical**, do not include expenses you are reimbursed for through insurance or your employer.

Medical (*out-of-pocket expenses*)
Doctor visits..... \$
Therapy and counseling \$
Dental and orthodontia \$
Optical..... \$
Medicine..... \$

Allowance..... \$
Childcare and sitters..... \$
Extracurricular activities and sports (*including equipment, uniforms, etc.*)..... \$
Summer and school-break camps..... \$
Vacations (*children only*)..... \$
Entertainment, dining out, and hobbies (*children only*)..... \$
Gifts children give to others..... \$

If there are other child-related expenses not listed in **12d**, describe the expense in **Other** and enter the amount.

Other: _____ \$
Subtotal Monthly Minor and Dependent Children Expenses \$

In **Subtotal Monthly Minor and Dependent Children Expenses**, add the amounts in **12d** together and enter the total.

Total Monthly Living Expenses (*add the subtotals from 12a-d above*) \$

In **13**, enter information about the primary health insurance you have for yourself and your family.

13. Health Insurance

I have health insurance: Yes No
The insurance company is: _____
The type of insurance is: Medical Dental Optical
Deductible: Per individual \$ _____ Per family \$ _____
It covers: Me My spouse/partner My dependents
Type of Policy: HMO PPO Other
Provided by: Employer Private Policy Other Group Medicaid/All Kids
Monthly cost is paid by: Me My spouse Other
Total number of people covered by this policy: _____

If you have more than one **Health Insurance** carrier, then list other health insurance company in the *Additional Health Insurance* forms and attach it.

The amount I pay monthly for insurance for children of this relationship: \$ _____

The amount I pay monthly for deductibles, co-insurance, and co-payments for the children of this relationship: \$ _____

Total Monthly Health Insurance Cost \$ _____

I have attached one or more *Additional Health Insurance* forms.

In **14**, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in **12** and **13** above, such as your mortgage or car payment.

14. My Debts (do not list expenses included in section 12)

| | Creditor Name | Describe Nature of Debt (parking tickets, household goods, attorney's fees, etc.) | Amount Owed | Monthly Payment Being Made |
|----|---------------|---|-------------|----------------------------|
| 1. | | | \$ | \$ |
| 2. | | | \$ | \$ |
| 3. | | | \$ | \$ |
| 4. | | | \$ | \$ |
| 5. | | | \$ | \$ |
| 6. | | | \$ | \$ |

If you have more than 4 creditors, list them on *Additional My Debts* forms and attach them.

In **Total Monthly Debt Payments**, add the Monthly Payment amounts from **14** together and enter the total. Include any debts listed on any *Additional My Debts* forms.

I have attached one or more *Additional My Debts* forms.

Amount from *Additional My Debts* (if any) \$

Total Monthly Debt Payments \$

Note: Fair Market Value (FMV) is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV, read *How to Complete a Financial Affidavit (Family & Divorce Case)* available at <https://www.illinoiscourts.gov/documents-and-forms/approved-forms/>.

In **15a**, enter your cash and cash equivalents. Do not list account numbers.

15. My Assets

a. Cash and Cash Equivalents (list balance as of the date of this affidavit)

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

| | Name of Bank or Institution | Name on Account | Account Type | Balance |
|----|-----------------------------|-----------------|--------------|---------|
| 1. | | | | \$ |
| 2. | | | | \$ |
| 3. | | | | \$ |
| 4. | | | | \$ |

If you have more than 4 **Checking, Savings, Money Market or Other Bank or Credit Union Accounts**, list them in *Additional Cash and Cash Equivalents* forms and attach them.

I have attached one or more *Additional Cash and Cash Equivalents* forms.

Certificates of Deposit (list balance as of the date of this affidavit)

| | Name of Bank or Institution | Name on Account | Balance |
|----|-----------------------------|-----------------|---------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |

If you have more than 3 **Certificates of Deposit**, list them in *Additional Certificates of Deposit* forms and attach them.

I have attached one or more *Additional Certificates of Deposit* forms.

Cash and Prepaid Debit Cards (list balance as of the date of this affidavit)

| | Location of Cash/Card | Held By | Balance |
|----|-----------------------|---------|---------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |

A **Prepaid Debit Card** is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

I have attached one or more *Additional Cash and Prepaid Debit Card* forms.

If you have more than 3 **Cash or Prepaid Debit Cards** or locations for your cash, list them in *Additional Cash and Prepaid Debit Card* forms and attach them.

In **15b**, enter information for your investments and securities.

If you have more than 3 Investment Accounts and Securities, list them in *Additional Investment Accounts and Securities* forms and attach them.

If you have more than 3 **Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes**, list them in *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms and attach them.

In **15c**, enter information for your real estate, including your home if you own it.

If you have more than 3 pieces of **Real Estate**, list them in *Additional Real Estate* forms and attach them.

In **15c** and **15d**, in **Balance Due**, enter the total amount remaining on your loan.

In **15d**, enter information about your motor vehicles.

If you have more than 4 **Motor Vehicles**, list them in *Additional Motor Vehicles* forms and attach them.

In **15e**, enter information about your business interests. In **Type of Business**, enter whether the business is a corporation, S Corp, or LLC, etc.

If you have more than 3 **Business Interests**, list them in *Additional Business Interests* forms and attach them.

b. Investment Accounts and Securities (*list FMV or balance as of the date of this affidavit*)

Stocks, Bonds, Options, Employee Stock Ownership Plans

| | Company Name | # Shares | Type | Owner | FMV |
|----|--------------|----------|------|-------|-----|
| 1. | | | | | \$ |
| 2. | | | | | \$ |
| 3. | | | | | \$ |

I have attached one or more *Additional Investment Accounts and Securities* forms.

Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes (*list balance as of the date of this affidavit*)

| | Description of Asset | Owner | Balance |
|----|----------------------|-------|---------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |

I have attached one or more *Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes* forms.

c. Real Estate (*list FMV and balance due as of the date of this affidavit*)

| | Address | Name on Title | FMV | Balance Due |
|----|---------|---------------|-----|-------------|
| 1. | | | \$ | \$ |
| 2. | | | \$ | \$ |
| 3. | | | \$ | \$ |

I have attached one or more *Additional Real Estate* forms.

d. Motor Vehicles (*cars, boats, trailers, motorcycles, aircrafts, etc.*) (*list FMV and balance due as of the date of this affidavit*)

| | Year, Make, and Model | Name on Title | FMV | Balance Due |
|----|-----------------------|---------------|-----|-------------|
| 1. | | | \$ | \$ |
| 2. | | | \$ | \$ |
| 3. | | | \$ | \$ |
| 4. | | | \$ | \$ |

I have attached one or more *Additional Motor Vehicles* forms.

e. Business Interests (*list FMV as of the date of this affidavit*)

| | Name of Business | Type of Business | % of Ownership | FMV |
|----|------------------|------------------|----------------|-----|
| 1. | | | | \$ |
| 2. | | | | \$ |
| 3. | | | | \$ |

I have attached one or more *Additional Business Interests* forms.

In **15f**, enter information about each life insurance policy you have for yourself, the other party, or your children.

If you have more than 3 **Life Insurance Policies**, list them in *Additional Life Insurance Policies* forms and attach them.

In **15g**, enter information about retirement benefits (vested and non-vested).

If you have more than 4 **Retirement Benefits and Deferred Compensation** plans, list them in *Additional Retirement Benefits and Deferred Compensation* forms and attach them.

In **15h**, enter information for valuable collectible items.

If you have more than 2 **Valuable Collectibles**, list them in *Additional Valuable Collectibles* forms and attach them.

In **15i**, enter information for other personal property with fair market value over \$500.

If you have more than 2 items of **Personal Property Valued Over \$500**, list them in *Additional Other Personal Property Valued over \$500* forms and attach them.

In **15j**, enter information for assets or property you transferred or sold in the last 2 years with FMV of at least \$1,000. Do not include income items listed above in **8**.

If you have sold or transferred more than 2 **Assets or Properties Within the Last 2 Years With a FMV of at Least \$1,000**, list them in *Additional Transfer or Sale of Assets or Property Within the Last 2 Years with a FMV of at least \$1,000* forms and attach them.

f. Life Insurance Policies (*list cash balance as of the date of this affidavit*)

| | Name of Insurance Company | Type of Policy | Death Benefit | Cash Value |
|----|---------------------------|----------------|---------------|------------|
| 1. | | | \$ | \$ |
| 2. | | | \$ | \$ |
| 3. | | | \$ | \$ |

I have attached one or more *Additional Life Insurance Policies* forms.

g. Retirement Benefits and Deferred Compensation (*pension plan, annuity, IRA, 401(k), 403(b), SEP*) (*list FMV and or account balance as of the date of this affidavit*)

| | Name of Plan | Type of Plan | FMV or Account Balance |
|----|--------------|--------------|------------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |
| 4. | | | \$ |

I have attached one or more *Additional Retirement Benefits and Deferred Compensation* forms.

h. Valuable Collectibles (*coins, stamps, art, antiques, etc.*)

| | Description | FMV |
|----|-------------|-----|
| 1. | | \$ |
| 2. | | \$ |

I have attached one or more *Additional Valuable Collectibles* forms.

i. Other Personal Property Valued Over \$500

| | Description | FMV |
|----|-------------|-----|
| 1. | | \$ |
| 2. | | \$ |

I have attached one or more *Additional Other Personal Property Valued over \$500* forms.

j. Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000

| | Description | Transferred or Sold to | Date of Transfer | Amount |
|----|-------------|------------------------|------------------|--------|
| 1. | | | | \$ |
| 2. | | | | \$ |

I have attached one or more *Additional Transfer of Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000* forms.

In **16**, enter information about lawsuits and claims you have filed or have been filed against you. If you did not recover anything, enter \$0. If your case is still pending or has not yet been filed, enter unknown.

If you have more than 3 **Lawsuits and Claims**, list them in *Additional Lawsuits and Claims* forms and attach them.

In **17**, enter information about your federal and state tax returns for the last 2 years. Check **Refund** if you received money or a check, or **Amount Owed** if you owed additional taxes.

16. Lawsuits and Claims (workers' compensation, disability, etc.)

| | Case Number | Date Lawsuit or Claim Filed | Amount Recovered |
|----|-------------|-----------------------------|------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |

I have attached one or more *Additional Lawsuits and Claims* forms.

17. Income Tax Refunds or Amounts Owed for the Last 2 Years (federal and state)

| | Tax year | Federal | | State | |
|----|----------|--------------------------------------|----|--------------------------------------|----|
| 1. | | <input type="checkbox"/> Refund | \$ | <input type="checkbox"/> Refund | \$ |
| | | <input type="checkbox"/> Amount Owed | \$ | <input type="checkbox"/> Amount Owed | \$ |
| 2. | | <input type="checkbox"/> Refund | \$ | <input type="checkbox"/> Refund | \$ |
| | | <input type="checkbox"/> Amount Owed | \$ | <input type="checkbox"/> Amount Owed | \$ |

IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

I certify that everything in the *Financial Affidavit* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).

Your Signature

Your Name

Date

After you finish this form, sign and print your name and date it.