

MASSACHUSETTS CHILD SUPPORT GUIDELINES WORKSHEET
GEORGE J JONES & MARIANNE P JONES

All amounts are \$/week, rounded to the nearest dollar.

1. INCOME

	Recipient Marianne	Payor George
a. Gross Weekly income	\$ <u>998</u>	\$ <u>3,519</u>
b. <i>Minus</i> Child Care cost paid	\$ (<u>110</u>)	\$ (<u>0</u>)
c. <i>Minus</i> Health insurance cost paid	\$ (<u>0</u>)	\$ (<u>28</u>)
d. <i>Minus</i> Dental/Vision insurance cost paid	\$ (<u>0</u>)	\$ (<u>5</u>)
e. <i>Minus</i> Other Support Obligations paid	\$ (<u>0</u>)	\$ (<u>46</u>)
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f. Available Income	= \$ <u>888</u>	\$ <u>3,440</u>
g. Combined Available Income <i>Recipient 1(f) / Payor 1(f)</i>	= \$	<u>4,328</u>
h. Percent of Combined Available Income <i>1(f) / 1(g)</i>	= <u>20.52</u> %	<u>79.48</u> %

2. CHILD SUPPORT CALCULATION

a. Maximum combined available income <i>maximum 1(g) but not more than \$4,808</i>	\$	<u>4,328</u>
b. Combined support amount for one child <i>from Table A of Guidelines Chart for 2(a)</i>	\$	<u>719</u>
c. Adjustment for number of children covered by this order.	Number of children <u>2</u> x	<u>1.25</u>
d. Total combined support amount <i>2(b) x 2(c)</i>	= \$	<u>899</u>
e. <i>Minus</i> Recipient's proportional share of support amount <i>2(d) x Recipient 1(h)</i>	\$ (<u>184</u>)
f. Payor's proportional weekly support amount <i>2(d) - 2(e)</i>	= \$	<u>715</u>
g. Weekly support amount as % of Recipient income <i>2(f) / Recipient 1(f)</i>	<u>80.52</u> %	
h. Payor's adjusted weekly support amount	= \$	<u>715</u>

if 2(g) is 10% or more, then enter 2(f) here
Otherwise, enter the lesser of 2(f) OR (10% + 2(g)) x Payor 1(f)

3. AVAILABLE INCOME ABOVE \$4,808

a. Combined <i>Maximum of \$0 or 1(g)-\$4,808</i>	\$	<u>0</u>
b. Proportional share for the recipient and payor <i>3(a) x 1(h)</i>	= \$	<u>0</u>
c. <input type="checkbox"/> Include support on income over \$4,808 with basic obligation amount?		
d. Payor's support amount including support on income over \$4,808, if any	\$	<u>715</u>

4. ADD-ONS

a. Routine uninsured medical costs	\$	<u>0</u>
b. Extraordinary uninsured medical costs	\$	<u>0</u>
c. Other add-ons	\$	<u>0</u>
d. Payor's final weekly support amount after add-ons	= \$	<u>715</u>