

**NONCUSTODIAL PARENT:
CUSTODIAL PARTY:
NEW YORK CASE IDENTIFIER:**

DATE:

AFFIDAVIT OF NET WORTH

I, _____, being duly sworn, swear that the following is an accurate statement of my income, deductions, expenses, health insurance information, employer information, and home address information:

1. Did you file a Federal Income Tax Return for tax year **2017**?

YES NO

If "YES", indicate your total income as reported on your **2017** Federal Income Tax Return:

Copy from: **2017** IRS Form 1040, Line 22; or
2017 IRS Form 1040-A, Line 15; or
2017 IRS Form 1040EZ, Line 4. 1. _____

a. If "NO", calculate your total income for **2017** as it should be reported on your Federal Income Tax Return by completing the following. (If none, write "0"):

- 1. Wages, salaries, tips, etc. _____
- 2. Taxable interest income _____
- 3. Dividend income _____
- 4. Taxable refunds, credits,
or offsets of state and local taxes _____
- 5. Alimony received _____
- 6. Business income or (loss) _____
- 7. Capital gain or (loss) _____
- 8. Other gains or (losses) _____
- 9. Taxable amount IRA distributions _____
- 10. Taxable amount of pensions and annuities _____
- 11. Rental real estate, royalties, partnerships, S corp.,
trust, etc. _____
- 12. Farm income or (loss) _____
- 13. Unemployment compensation _____
- 14. Taxable amount of social security benefits _____
- 15. Other income [identify] _____

Total (add lines 1 - 15) 1a. _____

2. For your **2017** income, provide the dollar amount for each of the following types of income, if any, which are not included in 1 or 1a above. (If all such income was included, or if you had no income of that type, make a checkmark in the box that applies):

<u>Type of Income</u>	<u>Amount Not Included Above</u>	<u>All Included Above</u>	<u>None Received</u>
a. Investment Income (Less amount expended)	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. Deferred Income/Compensation	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Worker's Compensation	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Disability Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
e. Unemployment Insurance Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
f. Social Security Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
g. Veteran's Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
h. Pensions and Retirement Benefits	_____	<input type="checkbox"/>	<input type="checkbox"/>
i. Fellowships and Stipends	_____	<input type="checkbox"/>	<input type="checkbox"/>
j. Annuity Payments	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total (add lines a – j) 2. _____

3. Were you self-employed at any time during **2017**?

YES NO (skip to question 4)

If "YES", indicate the dollar amount of self-employment deductions you had in **2017** for the following:

a. Depreciation deduction greater than depreciation calculated on a straight-line basis for purposes of determining business income or investment credits (if none, write "0")

3a. _____

b. Entertainment and travel allowances deducted from business income to the extent those allowances reduced personal expenditures (if none, write "0")

3b. _____

4. Were you employed by or did you receive compensation from a corporation, S corporation, limited liability corporation, partnership, limited liability partnership, sole proprietorship other business entity at any time during **2017**?

YES NO (skip to question 5)

If "YES", indicate the dollar amount of perquisites and fringe benefits received as part of compensation for employment:

a. Meals, lodging, memberships, automobiles or other perquisites to the extent they constitute expenditures for personal use, or which directly or indirectly confer personal economic benefits (if none, write "0")

4a. _____

b. Fringe Benefits (if none, write "0")

4b. _____

5. Indicate the dollar amount of money, goods, or services provided by relatives and friends during **2017** (if none, write "0"):

a. Money _____

b. Goods _____

c. Services _____

Total (add lines a – c) 5. _____

6. Indicate the current dollar value of non-income producing assets (if none, write "0"):

a. Houses/Buildings _____

b. Land _____

c. Automobiles _____

d. Boats _____

e. Motor Homes _____

f. Campers/Trailers _____

g. Motorcycles _____

h. Snowmobiles _____

i. Coin, Stamp, Art collection _____

j. Jewelry _____

k. Other Assets _____

Total (add lines a – k) 6. _____

7. List below the type of, and dollar value of, any assets you transferred within the past three (3) years (PLEASE PRINT - attach additional pages if needed):

8. Indicate the amount, if any, of the following expenses, payments, or income which you have incurred, paid, or received during **2017** (if none, write "0"):

- a. Unreimbursed employee business expenses except to the extent said expenses reduce personal expenditures _____
- b. Alimony or maintenance actually paid to a spouse who is not a party to this action (provide copy of court order or validly executed written agreement) _____
- c. Alimony or maintenance actually paid to a spouse who is a party to this action (provide copy of court order or validly executed written agreement) _____
- d. Child Support actually paid on behalf of any child who is not subject to this action (provide copy of court order or validly executed written agreement, and proof of payment) _____
- e. New York City or Yonkers income taxes or earnings taxes actually paid _____
- f. Federal Insurance Contributions Act (FICA) taxes actually paid _____

Total (add lines a – f) 8. _____

9. List your current sources of income. (PLEASE PRINT - attach additional pages if needed):

a. Employment (name, address, and telephone number of each current employer):

Gross Salary (before deductions) \$ _____ per (hour day week
 bi-weekly semi-monthly monthly year)

b. Other current sources of income:

Type _____

Amount of Income \$ _____ per (hour day week bi-weekly
 semi-monthly monthly year)

10. Are your children who are the subject of the court order covered by health insurance provided by your employer or any organization such as a labor union?

Yes, my children are currently enrolled in a health insurance plan provided by my employer or organization:

Insurance carrier
(PLEASE PRINT) _____

Address of carrier
(PLEASE PRINT) _____

Plan Number _____ Policy Number _____

Type of coverage _____

No. Although health insurance for my children is offered by my employer or organization, they are not currently enrolled.

No. Health insurance for my children is not offered by my employer or organization.

No. I am not currently employed.

11. If you changed employers or sources of income during the past year, list prior employers and income sources (PLEASE PRINT - attach additional pages if needed):

a. Prior employment (Name, Address and Telephone number of each prior employer):

Gross Salary (before deductions) _____ per (hour day week bi-weekly semi-monthly monthly year)

b. Other prior sources of income:

Type _____

Amount of Income \$ _____ per (hour day week bi-weekly semi-monthly monthly year)

12. Indicate your child care expenses and child educational expenses, if any (PLEASE PRINT) and attach supporting documentation, i.e., copies of bills or a letter from the child care provider:

a. Child care for children while custodial parent is employed or receiving elementary, secondary or higher education or vocational training:

\$_____per (hour day week bi-weekly semi-monthly monthly year)

Name of child(ren) in child care:

b. Child care for children while custodial parent is seeking employment:

\$_____per (hour day week bi-weekly semi-monthly monthly year)

Name of child(ren) in child care:

c. Education expenses for children:

\$_____per (hour day week bi-weekly semi-monthly monthly year)

Name of child(ren) with education expenses:

Please print the following information:

Name

Address

City State Zip Code

(____)_____
Daytime Phone Number

(____)_____
Evening Phone Number

____-____-_____
Social Security Number

AFFIRMATION:

"All of the information I have provided on this affidavit, and the supporting documentation consisting of ____ pages which I have attached to this affidavit, is true and correct to the best of my knowledge."

Your Signature

Date

Sworn to me this

____ day of _____.

Notary Signature

RETURN THIS COMPLETED AFFIDAVIT TO THE CSEU AT THE FOLLOWING ADDRESS:

IMPORTANT: PLEASE BE SURE TO INCLUDE ALL OF YOUR SUPPORTING DOCUMENTATION FOR THIS AFFIDAVIT AS WELL AS ALL OTHER DOCUMENTS YOU ARE REQUIRED TO SUBMIT.