

Case Name \_\_\_\_\_

Date Prepared \_\_\_\_\_

Docket Number \_\_\_\_\_

Name of Preparer \_\_\_\_\_

### CHILD SUPPORT GUIDELINES WORKSHEET

All dollar amounts are weekly. Round all numbers to the nearest whole dollar or percentage.

#### 1. AGE, NUMBER, AND PARENTING OF CHILDREN

a. Number of children who may be eligible to be covered by this order

Reset Form

b. Check the box that applies to the children listed in 1a (check one box only)

*The parents share financial responsibility and parenting time approximately equally (shared)*

Box 1

*The children primarily reside with one parent for approximately 2/3 of the time*

Box 2

*There is more than one child covered by the order and each parent provides a primary residence for at least one child (split)*

Box 3

c. Enter each parent's name

Parent A

Parent B

*If you checked Box 2 above, enter the name of the parent with whom the children primarily reside in the column for Parent A, and the other parent's name as Parent B; otherwise, enter either parent's name in either column*

--	--

Enter the number and age of children for whom each parent may be eligible to receive support

*If you checked Box 1 above (shared), enter the number of children from 1a in the columns for both parents*

*If you checked Box 2 above, enter the number of children from 1a in the column for Parent A, and enter 0 in the column for Parent B*

*If you checked Box 3 above (split), enter the number of children primarily residing with each parent in each column*

d. Number of children under age 18



e. Number of children 18 years or older

+

f. Total number of children

=

#### 2. INCOME

a. Gross weekly income

Social Security dependency benefit

b. *Enter the total amount of the dependency benefit in the column of the retiree or disabled parent*

+

c. *Enter the amount of the dependency benefit Social Security sent directly to each parent*

Parent A

Parent B

Deductions:

d. Other support obligations paid

-



e. Health care premium/enrollment paid

-

f. Dental/vision insurance cost paid

-

Credits:

g. Child care cost paid for children covered by this order



h. Number of children covered by this order for whom child care cost is paid

Parent A                      Parent B

--	--

**3. GROSS SUPPORT AMOUNTS**

- |  |   |   |   |  |
|--|---|---|---|--|
| a. Available income                            | $2a + 2b - 2d - 2e - 2f$ ,<br>but not less than \$0 | = | + | <input style="width: 80%;" type="text"/> |
| b. Combined available income                   | Parent A 3a + Parent B 3a                           | = |   | <input style="width: 80%;" type="text"/> |
| c. Share of combined available income          | $3a \div 3b$ (Min 0%, Max 100%)                     |   |   | <input style="width: 80%;" type="text"/> |
| d. Applicable available income                 | $3b$ or \$7,692, whichever is less                  |   |   | <input style="width: 80%;" type="text"/> |
| e. Support amount for one child                | From Table A or Guidelines Chart for 3d             |   |   | <input style="width: 80%;" type="text"/> |
| f. Adjustment for the number of children in 1f | From Table B  | x |   | <input style="width: 80%;" type="text"/> |
| g. Combined support amount                     | $3e \times 3f$                                      | = |   | <input style="width: 80%;" type="text"/> |

**4. ADJUSTMENT FOR CHILDREN 18 YEARS OR OLDER**

- |   |                |   |  |  |
|---|----------------|---|--|--|
| a. Adjustment percentage for the ages of the children listed in 1d and 1e | From Table C   | x |  | <input style="width: 80%;" type="text"/> |
| b. Adjustment for children 18 years or older                              | $3g \times 4a$ | = |  | <input style="width: 80%;" type="text"/> |
| c. Adjusted combined support amount                                       | $3g - 4b$      |   |  | <input style="width: 80%;" type="text"/> |

**5. PROPORTIONAL SUPPORT AMOUNTS**

- |   |                |   |  |  |
|---|----------------|---|--|--|
| a. Minus each parent's share of support                             | $3g \times 4a$ | - |  | <input style="width: 80%;" type="text"/> |
| b. Other parent's share of support                                  | $4c - 5a$      | = |  | <input style="width: 80%;" type="text"/> |
| c. Other parent's share of support with low-income payor adjustment |                |   |  | <input style="width: 80%;" type="text"/> |

*If you checked Box 2 in 1b, enter \$0 for Parent B, and for Parent A:  
 If Parent B 3a > \$249, enter 3a  
 If Parent B 3a ≤ \$249, enter the amount from the shaded area of the Guidelines Chart for Parent B 3a*

*If you checked Box 1 or Box 3 in 1b, for each parent:  
 If the other parent's 3a > \$249, enter 5b  
 If the other parent's 3a ≤ \$249, enter the amount from the shaded area of the Guidelines Chart for the other parent's 3a*

**6. ADJUSTED SUPPORT AMOUNTS**

- |   |  |  |  |
|---|--|--|--|
|   | <u>Parent A</u>                                | <u>Parent B</u>                          |  |
| a. Child care cost benchmark amount         | <input style="width: 80%;" type="text"/>       | <input style="width: 80%;" type="text"/> |  |
| <i>2g, or 2h x \$355, whichever is less</i> |  |  |  |
| b. Other parent's share of benchmark cost   | <i>For Parent A: Parent B 3c x Parent A 6a</i> |  | <input style="width: 80%;" type="text"/> |
|   | <i>For Parent B: Parent A 3c x Parent B 6a</i> |  | <input style="width: 80%;" type="text"/> |
| c. Other parent's adjusted share of support | $5c + 6b$                                      | =  | <input style="width: 80%;" type="text"/> |

Parent A                      Parent B

--	--

d. Support as % of each parent's available income

*If you checked Box 2 in 1b, enter "N/A"*

*If you checked Box 1 or Box 3 in 1b, enter  $6c \div 3a$  (If  $3a = 0$ , enter 100%)*

--	--

e. Other parent's adjusted share of support

*If 6d is N/A, enter 6c for Parent A and \$0 for Parent B*

*If 6d is  $\geq 10\%$ , enter 6c for each parent*

*If 6d is  $< 10\%$ , enter 6c or  $((6d + 10\%) \times 3a)$  for each parent, whichever is less, but not less than an amount from the shaded area of the Guidelines Chart*

--	--

f. Recipient and Payor

*If you checked Box 2 in 1b, enter "Recipient" for Parent A and "Payor" for Parent B*

*Otherwise: Enter "Recipient" in the column with the higher amount in 6c and "Payor" in the other column*

*If 6c is the same in both columns, enter "Recipient" in either column and "Payor" in the other column*

--	--

g. Payor's adjusted share of support

*Enter Recipient 6e - Payor 6e unless the below applies:*

*If you checked Box 1 or Box 3 in 1b, and there is a dependency benefit in 2b:*

*If you are using the electronic worksheet on Mass.gov, check this box; the worksheet automatically calculates the correct amount.*

*If you are running the worksheet by hand, run a new worksheet using the same figures, except replace the amount in 2b with that parent's amount from 2c*

**7. PAYOR'S NET SUPPORT OBLIGATION**

a. Support as % of Recipient's available income

*If you checked Box 1 or Box 3 in 1b, enter "N/A"*

*If you checked Box 2 in 1b, enter  $6g \div 3a$  (If  $3a = 0$ , enter 100%)*

b. Payor's support obligation adjusted for income disparity

*If 7a is  $\geq 10\%$  or is N/A, enter 6g*

*If 7a is  $< 10\%$ , enter 6c, 6g, or  $((7a + 10\%) \times \text{Payor } 3a)$ , whichever is less, but not less than an amount from the shaded area of the Guidelines Chart*

c. Credit for Social Security dependency benefits paid

*Enter from 2b the amount of the dependency benefit that Social Security sent directly to the Recipient; if blank, enter \$0*

d. Payor's final support obligation

*If  $7b > 7c$ , enter  $7b - 7c$ ; otherwise enter \$0*

<input style="width: 100%; height: 25px;" type="text"/>
Payor pays Recipient

e. Support as % of Payor's available income

*If Payor 3a = 0, enter 100%; otherwise  $7d \div \text{Payor } 3a$*

*If  $7e \geq 40\%$ , check the box at right; otherwise leave it blank*

<input type="checkbox"/>
If this box is checked, the support amount in 7d may be a substantial hardship justifying a deviation from the guidelines

Case Name \_\_\_\_\_

Docket No. \_\_\_\_\_

Parent A

Parent B

--	--

**8. ADDITIONAL INCOME ABOVE \$7,692**

a. Combined additional income

3b - \$7,692 or \$0, whichever is more

b. Share of combined additional income

8a x 3b


TABLE A: CHILD SUPPORT OBLIGATION SCHEDULE			
All dollar amounts are weekly and rounded to the nearest dollar			
INCOME FROM WORKSHEET		CHILD SUPPORT AMOUNT (1 CHILD)	
Minimum	Maximum		
PAYOR	\$ - → \$ 210	\$ 12	unless the court deviates
	\$ 211 → \$ 249	\$ 12 + 20%	above \$ 210
COMBINED	\$ 250 → \$ 750		22%
	\$ 751 → \$ 1,400	\$ 165 + 21%	above \$ 750
	\$ 1,401 → \$ 2,200	\$ 302 + 19%	above \$ 1,400
	\$ 2,201 → \$ 3,500	\$ 454 + 14%	above \$ 2,200
	\$ 3,501 → \$ 5,000	\$ 636 + 11%	above \$ 3,500
	\$ 5,001 → \$ 7,692	\$ 801 + 10%	above \$ 5,000

TABLE B: ADJUSTMENT FOR NUMBER OF CHILDREN	
NUMBER OF CHILDREN	ADJUSTMENT FACTOR
0	0.00
1	1.00
2	1.40
3	1.68
4	1.85
5	1.94

TABLE C: ADJUSTMENT FOR CHILDREN 18 YEARS OR OLDER						
CHILDREN UNDER 18	CHILDREN 18 OR OLDER					
	0	1	2	3	4	5
0	0%	25%	25%	25%	25%	25%
1	0%	7%	11%	13%	14%	
2	0%	4%	6%	7%		
3	0%	2%	3%			
4	0%	1%				
5	0%					

Effective 10/14/2022