

**IN THE COURT OF COMMON PLEAS  
 DIVISION OF DOMESTIC RELATIONS  
 BUTLER COUNTY, OHIO**

Case No. \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff/1st Petitioner/Petitioner  
 DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**Affidavit of Income**

\_\_\_\_\_  
 (Name of Affiant)

V.  
 \_\_\_\_\_  
 Defendant/2nd Petitioner/Respondent  
 DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Date of Separation \_\_\_\_\_

**Note: This affidavit must be completed and exchanged in accordance with Local Rules of Court in every action for divorce, dissolution, legal separation, annulment and post decree motion that concerns modification of support. You will be required to provide proof of income per local rule and O.R.C. 3121. You are under a continuing legal duty to file an updated version of this form if you learn of any additional information. If more space is needed, attach additional page(s).**

**I. Income [As defined in O.R.C. 3119.01(C)]:**

**A. Gross Yearly Income from Employment**

(If not known, please estimate. Put "EST" after each estimated figure.)

	Husband / Father	Wife / Mother
Gross Yearly Employment Income		
Employer		
Address of Employer		
City, State, Zip		
Check the number of Paychecks per year	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 26 <input type="checkbox"/> 52
Year-to-date Gross Income	<div style="display: flex; justify-content: space-between;"> <span></span> <span>Through date of</span> </div>	<div style="display: flex; justify-content: space-between;"> <span></span> <span>Through date of</span> </div>
Prior Year's Tax Refund		

**B. Annual Overtime, Commissions, Bonuses**

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband / Father		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
20__ Year 1		
20__ Year 2		
20__ Year 3		
Y-T-D This Year Through: _____		

Wife / Mother		
Year 3 is Most Recent Year	Base Income	Overtime, Commission, Bonuses
20__ Year 1		
20__ Year 2		
20__ Year 3		
Y-T-D This Year Through: _____		

**C. Gross Self-Employment Income**

(If not known, please estimate. Put "EST" after each estimated figure.)

Use Gross Annual Figures for Most Recent Full Year. See O.R.C. 3119.01(C)

Business Receipts  
 Ordinary & Necessary Business Expenses  
 Net Business Income

Husband / Father

Wife / Mother

**D. Other Income**

All other income, actual or expected, including pension, social security, workers compensation, commissions, royalties, disability benefits, trust income, annuities, recurring capital gains, unemployment benefits, rents, expense-sharing, dividends, interest, AFDC, SSI, food stamps, spousal support received from a prior spouse, etc.

(If not known, please estimate. Put "EST" after each estimated figure.)

Husband / Father	
Per Year	Describe

Wife / Mother	
Per Year	Describe

**E. Total Annual Income**

Husband / Father	
Total gross annual income	
Total average gross monthly income	÷ 12 =

Wife / Mother	
Total gross annual income	
Total average gross monthly income	÷ 12 =

Average monthly deductions	Less
Total net monthly income	=

Average monthly deductions	Less
Total net monthly income	=

**F. Benefits of Employment**

(Use of company car, country club memberships, stock options, etc.)

Husband / Father	
Benefits	Values

Wife / Mother	
Benefits	Values

**II. Information Required for Support Calculation:**

**A. Minor or Dependent Children of this Marriage**

Child's Name	Date of Birth	Residing with

**B. Other Minor Children Living in My Household**

Child's Name	Date of Birth	Relationship

**C. Other Minor Children of Mine, Not Living in My Household**

Child's name	Date of Birth	Residing with

**OATH OF AFFIANT**

I, \_\_\_\_\_ (print) hereby swear or affirm that the information set forth in this Affidavit of Income above is true, complete, and accurate. I understand that falsification of this document may result in a contempt of court finding against me which could result in a jail sentence and fine, and that falsification of this document may also subject me to criminal penalties for perjury (O.R.C. 2921.22).

\_\_\_\_\_  
AFFIANT

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Ohio.

\_\_\_\_\_  
Signature of person administering oath

\_\_\_\_\_  
Title (example: Notary, Deputy Clerk of Courts, etc.)

Initialed \_\_\_\_\_