IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

_____	)	Docket Number: _____-FC-_____-15
Plaintiff	)	
vs.	)	PACSES Case Number: _____
	)	
_____	)	Other State ID Number: _____
Defendant		

Please note: All correspondence must include the PACSES Case Number for this and any related case, if applicable.

Income Statement

THIS FORM MUST BE FILLED OUT AND YOU MUST PROVIDE DOCUMENTS TO SUPPORT ALL AMOUNTS PROVIDED IN THIS INCOME STATEMENT

(If you are self-employed or if you are salaried by a business of which you are owner in whole or in part, you must also fill out the Supplemental Income Statement, which appears on page 4.)

INCOME STATEMENT OF

_____ _____

(Name) (PACSES Number)

I verify that the statements made in this Income Statement are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

Date: _____ _____

☐ Plaintiff or ☐ Defendant

Instructions: You must complete and file this form and the required supporting documents within thirty days after the service of the pleading or petition containing a claim for alimony, counsel fees, costs, or expenses. Failure to comply with this provision may result in an appropriate order for sanctions. See Pa.R.C.P. 1920.31.

Income Statement (Continued) PACSES Case Number: _____

INCOME

Employer: _____

Address: _____

Type of Work: _____

Payroll Number: _____

Pay Period (weekly, bi-weekly, etc): _____

Gross Pay per Pay Period	_____
Itemized Payroll Deductions:	_____
Federal Withholding	_____
FICA	_____
Local Wage Tax	_____
State Income Tax	_____
Mandatory Retirement	_____
Union Dues	_____
Health Insurance	_____
Other (specify) _____	_____
_____	_____
_____	_____

NOTE: Please use NEGATIVE numbers for all Itemized Payroll Deductions such as: Federal Withholding, FICA, Local Wage Tax, Mandatory Retirement, Union Dues, Health Insurance, Other...

Net Pay per Pay Period: _____

Other Income:

	Week	Month	Year
	(Fill in Appropriate Column)		
Interest	_____	_____	_____
Dividends	_____	_____	_____
Pension Distributions	_____	_____	_____
Annuity	_____	_____	_____
Social Security	_____	_____	_____
Rents	_____	_____	_____
Royalties	_____	_____	_____
Unemployment Comp.	_____	_____	_____
Workers Comp.	_____	_____	_____
Employer Fringe Benefits	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
Subtotal	_____	_____	_____

TOTAL ANNUAL INCOME _____

Income Statement (Continued) PACSES Case Number: _____

PROPERTY OWNED

	Description	Value	Ownership* H	W	J
Checking accounts			☐	☐	☐
Savings accounts			☐	☐	☐
Credit Union			☐	☐	☐
Stocks/Bonds			☐	☐	☐
Real Estate			☐	☐	☐
Other			☐	☐	☐
	Total				

INSURANCE

	Company	Policy No.	Coverage* H	W	C
Hospital					
Blue Cross			☐	☐	☐
Other			☐	☐	☐
Medical					
Blue Shield			☐	☐	☐
Other			☐	☐	☐
Health/Accident			☐	☐	☐
Disability Income			☐	☐	☐
Dental			☐	☐	☐
Other			☐	☐	☐
			☐	☐	☐

* H=Husband; W=Wife; J=Joint; C=Child;

Income Statement (Continued) PACSES Case Number: _____

SUPPLEMENTAL INCOME STATEMENT (You only need to complete the below portion if you are self-employed or if you are salaried by a business of which you are owner in whole or in part)

(a) This form is to be filled out by a person (check one):

☐ (1) Who operates a business or practices a profession, or

☐ (2) Who is a member of a partnership or joint venture, or

☐ (3) Who is a shareholder in and is salaried by a closed corporation or similar entity.

(b) Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, profession, corporation or similar entity:

(1) The most recent Federal Income Tax Return, and

(2) The most recent Profit and Loss Statement.

(c) Name of Business: _____

Address and telephone number: _____

_____

_____

(d) Nature of business (check one):

☐ (1) Partnership

☐ (2) Joint venture

☐ (3) Profession

☐ (4) Closed corporation

☐ (5) Other

(e) Annual income from business: _____

(1) How often is income received? _____

(2) Gross income per pay period: _____

(3) Net income per pay period: _____

(4) Specific deductions, if any: _____