

**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.**