

**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:

**Use Black Ink Only**

1. Did you file a Federal Income Tax Return for tax year **2018**?

YES  NO

If "YES", indicate your "Total Income" as reported on your **2018** Federal Income Tax Return:

Copy from: **2018** IRS Form 1040, Line 6 which includes any amount from Schedule 1, line 22

1. \_\_\_\_\_

a. If "NO", calculate your "Total Income" for **2018** as 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 \_\_\_\_\_
- 3. Ordinary dividends \_\_\_\_\_
- 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. \_\_\_\_\_



4. Were you employed by or did you receive compensation from a corporation, S corporation, limited liability corporation, partnership, limited liability partnership, sole proprietorship, or other business entity at any time during **2018**?

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 **2018** (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 **2018** (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  annual)

b. Other current sources of income:

Type \_\_\_\_\_

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

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  annual)

b. Other prior sources of income:

Type \_\_\_\_\_

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

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  annual)

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  annual)

Name of child(ren) in child care:

c. Education expenses for children:

\$\_\_\_\_\_per ( hour  day  week  bi-weekly  semi-monthly  monthly  annual)

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.**