

**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_  
 Case Name: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 (if known)

**CHILD SUPPORT GUIDELINES WORKSHEET**

Child's Name	DOB	Child's Name	DOB
1. Total Number Of Children		2. Child Support Guidelines Percent 1 child-25%; 2 children-33%; 3 children-40%; 4 or more children-45%	%
3. Obligor's Medical Support Reasonable Cost (4% Monthly Gross Income)		4. Obligee's Medical Support Reasonable Cost (4% Monthly Gross Income)	

<b>PAYMENT CALCULATIONS</b> <i>Note: All income and expenses must be converted to monthly amounts (multiply weekly amounts by 4.33; bi-weekly amounts by 2.17).</i>	OBLIGOR (Column 1)	OBLIGEE (Column 2)	COMBINED (Column 3)
5. Monthly gross income	\$	\$	
6A. Court/Admin. ordered support for other children	\$	\$	
6B. 50% of actual self-employment taxes paid	\$	\$	
6C. Mandatory retirement	\$	\$	
6D. Actual state income taxes paid	\$	\$	
6E. Allowable child care expenses (obligor)	\$		
6F. Medical insurance for children (obligor)	\$		
6G. Total deductions (Add lines 6A through 6F)	\$	\$	
7. Adjusted monthly gross income (Subtract line 6G from line 5)	\$	\$	\$
8. Child Support guideline amount (From Guideline Calculation Table - see instructions on page 2)			\$
9A. Allowable child care expenses (obligee)		\$	
9B. Medical insurance for children (obligee)		\$	
9C. Total allowable obligee expenses (Add line 9A and 9B)		\$	
10. Total adjusted monthly gross income	\$	\$	\$
11. Proportional share of income (With child care/health insurance adjustment)	\$	\$	
12. Parental support obligation (Line 11 times line 8)	\$	\$	
<b>ABILITY TO PAY CALCULATION</b>			
13. Self-support reserve	\$		
14. Income available for support (Subtract line 13 from line 10, column 1)	\$		
15. Monthly support payable (Enter the smaller of line 12, column 1 or line 14, column 1. If line 14, column 1 is less than \$50.00, then a minimum order of \$50.00 is entered.)	\$		
16. Child support order (If weekly, divide line 15 by 4.33; if bi-weekly, divide line 15 by 2.17; if monthly, enter same amount as in line 15.) <b>** ROUND THE RESULT TO THE NEAREST WHOLE DOLLAR **</b>	\$	Frequency (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Case Number: \_\_\_\_\_

**CHILD SUPPORT GUIDELINES WORKSHEET**

**CHILD SUPPORT GUIDELINES WORKSHEET INSTRUCTIONS**

TOP OF FORM Enter the Court Name, Case Name (the names of the petitioner and respondent), Case Number, and the names and dates of birth of the children.

LINE 1 Enter the total number of children.

LINE 2 Enter the Child Support Guideline percentage for the number of children indicated on LINE 1 (25% - one child; 33% - two children; 40% - three children; 45% - four or more children).

LINE 3 Enter the obligor's medical support reasonable cost calculation (i.e., enter 4% of obligor's monthly gross income).

LINE 4 Enter the obligee's medical support reasonable cost calculation (i.e., enter 4% of obligee's monthly gross income).

LINE 5 In Columns 1 and 2, enter the total monthly gross income for each parent. **The obligor is the person who will pay child support. The obligee is the person who will receive child support.** Monthly gross income includes all income from any source, whether earned or unearned, including but not limited to, wages, salary, commissions, tips, annuities, Social Security benefits, trust income, lottery or gambling winnings, interest, dividends, investment income, net rental income, self-employment income, alimony, business profits, pension, bonuses and payments from other government programs (excluding public assistance programs such as Temporary Assistance for Needy Families (TANF), Aid to the Permanently and Totally Disabled (APTD), Supplemental Security Income (SSI), Old Age Assistance (OAA), Aid to the Needy Blind (ANB), Food Stamps and general assistance from a county or town); including, but not limited to, worker's compensation, veterans' benefits, unemployment benefits, and disability benefits, provided, however, that no income earned at an hourly rate for hours worked, on an occasional or seasonal basis, in excess of 40 hours in any week shall be considered as income for the purpose of determining gross income, and provided further that such hourly rate income is earned for actual overtime labor performed by an employee who earns wages at an hourly rate in a trade or industry which traditionally or commonly pays overtime wages, thus excluding professionals, business owners, business partners, self-employed individuals and others who may exercise sufficient control over their income so as to re-characterize payment to themselves to include overtime wages in addition to salary. (NOTE: To compute Monthly Gross Income from weekly income, multiply the weekly amount by 4.33; from bi-weekly income, multiply the bi-weekly income by 2.17.)

LINE 6A Enter any court-ordered or administratively-ordered support for children or adults not subject to this order actually paid by the Obligor (in Column 1) and/or the Obligee (in Column 2).

LINE 6B Enter 50% of the actual amount of self-employment tax paid by the Obligor (in Column 1) and/or the Obligee (in Column 2).

LINE 6C Enter any mandatory, not discretionary, retirement contributions paid by the Obligor (in Column 1) and by the Obligee (in Column 2). NOTE: Only payments which are required by the employer can be deducted.

LINE 6D Enter any actual state income taxes paid by the Obligor (in Column 1) and the Obligee (in Column 2).

LINE 6E Enter any allowable work-related child care expenses paid by the Obligor in Column 1. Allowable child care expenses means actual work-related child care expenses for the children to whom the order applies

LINE 6F Enter the actual amount paid by the Obligor for medical insurance coverage for the children to whom the order applies in Column 1.

LINE 6G Enter the total allowable deductions for the Obligor (in Column 1) and for the Obligee (in Column 2). NOTE: The Obligor's total allowable deductions equal the sum of LINES 6A, Column 1-6F, Column 1. The Obligee's total allowable deductions equal the sum of LINES 6A, Column 2-6D, Column 2.

LINE 7 Subtract LINE 6G, Column 1, from LINE 5, Column 1, and enter the result in Column 1. Subtract LINE 6G, Column 2, from LINE 5, Column 2, and enter the result in Column 2. Add Column 1 and Column 2, and enter the result in Column 3.

LINE 8 From the Child Support Guideline Calculation Table, find the row containing the Obligor's and Obligee's Combined Adjusted Monthly Gross Income. Where this row intersects the Column for the number of children in the order is the appropriate child support guideline amount. Enter this amount in Column 3.

LINE 9A Enter any allowable work-related child care expenses paid by the Obligee in Column 2. Allowable child care expenses means actual work-related child care expenses for the children to whom the order applies

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

Case Number: \_\_\_\_\_

**CHILD SUPPORT GUIDELINES WORKSHEET**

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- LINE 9B Enter the actual amount paid by the Obligee for medical insurance coverage for the children to whom the order applies in Column 2.
- LINE 9C Enter the sum of LINE 9A, Column 2 and LINE 9B, Column 2.
- LINE 10 Enter the amount in LINE 7, Column 1, in Column 1. Subtract LINE 9C, Column 2, from LINE 7, Column 2, and enter the result in Column 2. Add Column 1 and Column 2, and enter the result in Column 3.
- LINE 11 Divide LINE 10, Column 1, by LINE 10, Column 3 and enter the result in Column 1. Divide LINE 10, Column 2, by LINE 10, Column 3 and enter the result in Column 2.
- LINE 12 Multiply LINE 11, Column 1, times LINE 8, Column 3 and enter the result in Column 1. Multiply LINE 11, Column 2, times LINE 8, Column 3, and enter the result in Column 2.
- LINE 13 Enter the self-support reserve amount (poverty level for a household of one) as published at the top of each page of the Child Support Guideline Calculation Table.
- LINE 14 Subtract LINE 13, Column 1 from LINE 10, Column 1 and enter the result in Column 1.
- LINE 15 Enter the smaller of LINE 12, Column 1, or LINE 14, Column 1. If LINE 14, Column 1, is less than \$50.00, enter \$50.00 in Column 1.
- LINE 16 Enter the appropriate order amount in Column 1. For weekly orders, divide LINE 15 by 4.33 and enter the result in Column 1. For bi-weekly orders, divide LINE 15 by 2.17 and enter the result in Column 1. For monthly orders, enter the amount in LINE 15. **ROUND THE RESULT TO THE NEAREST WHOLE DOLLAR**, and check the appropriate frequency. **The amount entered in Column 1 must not be lower than \$50.00 per month.**