

**IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA**

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

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

**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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Ownership\*

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

INSURANCE

Coverage\*

Company	Policy No.	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;

**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: \_\_\_\_\_