

**NONCUSTODIAL PARENT:  
CUSTODIAL PARTY:  
NEW YORK CASE IDENTIFIER(S):**

**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 **2020**?  YES  NO

If "YES", indicate your "Total Income" as reported on your **2020** Federal Income Tax Return:

Copy from: **2020** IRS Form 1040, Line 9 which includes any amount from Schedule 1, line 9 1. \_\_\_\_\_

a. If "NO", calculate your "Total Income" for **2020** 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 corporations, trusts, 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 **2020** 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. Workers' 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. Veterans 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 **2020**?  YES  NO (skip to question 4)

If "YES", indicate the dollar amount of self-employment deductions you had in **2020** 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, or other business entity at any time during **2020**?

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 **2020** (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 **2020** (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 Phone Number of each current employer):

Gross Salary (before deductions) \$ \_\_\_\_\_  
( hourly  daily  weekly  annually)

b. Other current sources of income:

Type \_\_\_\_\_

Amount of Income \$ \_\_\_\_\_  
( hourly  daily  weekly  annually)

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 Phone Number of each prior employer):

Gross Salary (before deductions) \$ \_\_\_\_\_  
( hourly  daily  weekly  annually)

b. Other prior sources of income:

Type \_\_\_\_\_

Amount of Income \$ \_\_\_\_\_  
( hourly  daily  weekly  annually)

12. Indicate your child care expenses and child(ren)'s 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 party is employed or receiving elementary secondary or higher education or vocational training:

\$ \_\_\_\_\_  
( hourly  daily  weekly  annually)

Name of child(ren) in child care:

b. Child care for children while custodial party is seeking employment:

\$ \_\_\_\_\_  
( hourly  daily  weekly  annually)

Name of child(ren) in child care:

c. Educational expenses for children:

\$ \_\_\_\_\_  
( hourly  daily  weekly  annually)

Name of child(ren) with educational expenses:

Please print the following information:

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ XXX-XX-\_\_\_\_\_  
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 Public/Commissioner of Deeds Signature

**RETURN THIS COMPLETED AFFIDAVIT TO THE CHILD SUPPORT ENFORCEMENT UNIT 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.**