

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 **2021**? Yes No

If "**Yes**," indicate your "Total Income" as reported on your **2021** Federal Income Tax Return:

Copy from: **2021** IRS Form 1040, Line 9 which includes any amount from Schedule 1, line 10 1. _____

If "**No**," calculate your "Total Income" for **2021** 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 **2021** 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)

Type of Income	Amount Not Included Above	All Included Above	None Received
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 **2021**? Yes No (skip to question 4)

If "**Yes**," indicate the dollar amount of self-employment deductions you had in **2021** 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 **2021**? 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 **2021** (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 **2021** (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

(____)_____
Daytime Phone Number

(____)_____
Evening Phone Number

XXX-XX-_____
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 your supporting documentation for this affidavit as well as all other documents you are required to submit.