# SUMMARY OF CHILD SUPPORT GUIDELINE CALCULATIONS

Payor's Name: _____ Recipient's Name: _____

Action Number: _____

**CHILDREN:**

| **Names** (List youngest to oldest) | **Birthdate** (Month/Day/Year) | **Residing With?** (For Tax Purposes) | | **Shared Custody?** |
|---|---|---|---|---|
| | | **Payor** | **Recipient** | |
| | / / | ☐ | ☐ | ☐ |
| | / / | ☐ | ☐ | ☐ |
| | / / | ☐ | ☐ | ☐ |
| | / / | ☐ | ☐ | ☐ |

(**Note:** For each shared child, you must check off whether the child resides with Payor or Recipient for tax purposes)

| **GUIDELINE CALCULATION:** | **Payor** | **Recipient** |
|---|---|---|
| Province of Residence: | | |
| Guideline Income: | $ | $ |
| Section 7 Special Expenses: NET ANNUAL amounts claimed by either party (Net of subsidies, benefits, income tax deductions, credits and any contribution from the child): | | |
| • net child care expenses<br>Gross (pre-tax) annual amount:<br>Payor: $_____ Recipient: $_____<br>• medical/dental premiums<br>• net health related expenses<br>Gross (pre-tax) annual amount:<br>Payor: $_____ Recipient: $_____<br>• extraordinary school expenses<br>• net post-secondary education expenses<br>• extraordinary expenses for extracurricular activities | $ _____<br>$ _____<br>$ _____<br>$ _____<br>$ _____<br>$ _____<br>$ _____ | $ _____<br>$ _____<br>$ _____<br>$ _____<br>$ _____<br>$ _____<br>$ _____ |
| Total net annual special expenses claimed by: | $ | $ |

| **SUMMARY**: | **Payor** | **Recipient** |
|---|---|---|
| Section 3 Table Amount payable by: | $ | $ |
| Proportionate share (%) of s.7 expenses: | % | % |
| **Monthly share of s.7 expenses payable by:** | $ | $ |
| **Total s.3 and s.7 amounts payable by:** | $ | $ |
| **Net monthly guideline amount payable by:** | **$** | **$** |

**DEPARTING FROM GUIDELINES:** YES ☐ NO ☐ **If departing, complete below:**

Different amount: $_____ Reasons for departing: _____