

II. PARTIES AND CHILDREN

HUSBAND

WIFE

Name: Danny L. Shelton

Name: _____

Address: [REDACTED]

Address: _____

Soc. Sec. #: xxx-xx-9955

Soc. Sec. #: _____

Date of Birth: [REDACTED]/51 Age: 55

Date of Birth: _____ Age: _____

Employer: Three Angels Broadcasting

Employer: _____

Occupation: Television

Occupation: _____

CHILDREN

NAME	Date of Birth	Age	With Whom Residing
N/A			
_____	_____	_____	_____
_____	_____	_____	_____

IMPORTANT - Attach most recent of last three months' pay stubs showing your year-to-date earnings and deductions. Also attach all pages & W-2 Forms of your last filed Federal and State Income Tax Returns. For those individuals who receive any income from self-employment sources, attach Federal and State Income Tax Returns for the last two years and supporting documentation for year-to-date earnings.

III. STATEMENT OF INCOME

HUSBAND

WIFE

GROSS MONTHLY INCOME from:
Salary, wages, commissions, bonuses,
allowances & overtime (NOTE: To
arrive at gross monthly income multiply
weekly gross by 52 and divide by 12, or
multiply bi-weekly income by 26 and
divide by 12)

\$5,991.00 \$ _____

III. STATEMENT OF INCOME (CONT.)

Pension or retirement	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Disability or unemployment benefits	\$ _____	\$ _____
Public aid (ADC-Welfare)	\$ _____	\$ _____
Child support from prior marriage (alimony)	\$ _____	\$ _____
Rents	\$ _____	\$ _____
Other Income (specify):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL GROSS MONTHLY INCOME	\$5,991.00	\$ _____

DEDUCTIONS:

Federal income tax withheld	\$1,035.00	\$ _____
State income tax withheld	\$175.00	\$ _____
Social Security and Medicare withheld	\$458.00	\$ _____
Medical or other health-related insurance	\$ _____	\$ _____
Union dues/mandatory retirement contributions	\$ _____	\$ _____
Dependent and individual health/hospital insurance premiums	\$ _____	\$ _____
Prior Court ordered support and/or maintenance, actually paid pursuant to a Court Order	\$ _____	\$ _____
Other deductions permitted by 750 ILCS §505(a)(3)(h) – (specify):		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

<u>TOTAL NET MONTHLY INCOME</u>	<u>\$4,323.00</u>	\$ _____
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