

Florida Child Support Worksheet and Guidelines

Florida Statute (s. 61.30, F.S.) requires guidelines to be used in establishing new child support obligations or modifying child support in a Florida court. All states are required to have statutory guidelines but they vary greatly among states. The Florida guidelines must take into consideration all income and earnings of both parents and the children's health care needs. This worksheet provides an estimate of the amount a court may order, depending on individual circumstances.

The court may deviate from the guidelines if there is a written finding in the court record that the guidelines in the particular case would be inappropriate. The finding must include the amount of support that would have been required under the guidelines and a reason why the order varies.

Monthly income, insurance and child care information for both the mother and father will be necessary to complete the forms.

Florida Child Support Guidelines Worksheet

INTRODUCTION

This worksheet estimates the child support obligation that a court may order a parent to pay toward support of the child(ren) on a monthly basis. The court may deviate from the amount estimated depending on the circumstances of a particular case.

CASE INFORMATION

1	Mother's name:	
2	Father's name:	
3	Names of children addressed in this case:	
4	Total number of children in this case	

MONTHLY INCOME

		Mother	Father	Total
5	Gross Income	\$	\$	
6	Allowable Deductions	-	-	
7	Net Income <small>Income minus deduction Line 5 - Line 6</small>	\$	+	\$ =
8	% Share of Total <small>Each parent's net income divided by combined income</small>	%	%	\$

MONTHLY FINANCIAL NEED

9	Basic Need	<small>You must use Table 1 to complete Line 9.</small>			\$
10	Child Care (75%)	<small>Only for children included on Line 3. .75 x \$ ___ per mo.</small>			+
11	Insurance	<small>Only for children included on Line 3.</small>			+
12	Total Financial Need	<small>Add Lines 9 + 10 + 11</small>			=\$

NONCUSTODIAL PARENTAL OBLIGATION

13	Obligation	<small>Line 8 x Total on Line 12 % share times total need</small>	\$	\$	
14	Credit, Child Care	<small>Only for the parent who actually pays and only for children listed on Line 3.</small>	-	-	
15	Credit, Insurance		-	-	
16	Net Obligation		=\$	=\$	

INSTRUCTIONS FOR GUIDELINES WORKSHEET

General Information

- Line 1** Enter the mother's name.
- Line 2** Enter the father's name.
- Line 3** List the names of children whose child support is addressed in this worksheet.
- Line 4** Enter the total number of children listed on Line 3.

Monthly Income

LINE 5 **Monthly Gross Income.** Use the list below to calculate monthly income before any deductions or taxes are taken. Convert all amounts to monthly amounts, using the [Monthly Conversion Instructions](#), if needed.

- | | | |
|---------------------------------------------------------------------|----------|----------|
| 1. Salary and Wages | \$ _____ | \$ _____ |
| 2. Bonus, commissions, allowances, overtime, tips, etc. | \$ _____ | \$ _____ |
| 3. Self-employ/partnership/close corp.
and independent contracts | \$ _____ | \$ _____ |
| 4. Disability benefits | \$ _____ | \$ _____ |
| 5. Worker's Compensation | \$ _____ | \$ _____ |
| 6. Unemployment compensation | \$ _____ | \$ _____ |
| 7. Pension, retirements or annuity payments | \$ _____ | \$ _____ |
| 8. Social Security benefits | \$ _____ | \$ _____ |
| 9. Spousal support received from previous marriage | \$ _____ | \$ _____ |
| 10. Interest and dividends | \$ _____ | \$ _____ |
| 11. Rental income | \$ _____ | \$ _____ |
| 12. Income from royalties, trusts or estates | \$ _____ | \$ _____ |
| 13. Reimbursed expenses or in-kind payments | \$ _____ | \$ _____ |
| 14. Capital gains | \$ _____ | \$ _____ |

Add items 1 through 14 for the **Gross Income** \$ _____ \$ _____
 Enter these amounts on Page 1, Line 5

LINE 6 **Allowable Deductions.** Use the list below to calculate deductions. Convert all amounts to monthly amounts, using the [Monthly Conversion Instructions](#), if needed.

- | | | |
|-------------------------------------------------------------------------------|----------|----------|
| 1. Federal, state, and local income taxes | \$ _____ | \$ _____ |
| 2. Fed. insurance contributions or self-employment tax | \$ _____ | \$ _____ |
| 3. Mandatory union dues | \$ _____ | \$ _____ |
| 4. Mandatory retirement | \$ _____ | \$ _____ |
| 5. *Health insurance paid for family members not included
on Line 3 | \$ _____ | \$ _____ |
| 6. Court ordered support for other children actually paid | \$ _____ | \$ _____ |
| 7. Court ordered spousal support actually paid | \$ _____ | \$ _____ |

Add items 1 through 7 for the **Allowable Deductions** \$ _____ \$ _____
 Enter this amount on Page 1, Line 6.

*Insurance Deductions. Parents who pay health and dental insurance for family members not included on Line 3 may deduct part or all of the insurance premium from their income. This deduction is available to both parents. If a parent pays insurance for other family members but does not cover any child from Line 3, enter the total monthly insurance premium. If part of a parent's premium pays for children listed on Line 3, [click here](#).

Link for insurance footnote.

If a parent pays an insurance premium that includes any children on Line 3, only the part of the premium paid for other family members is deducted on Line 6, item 5. The part of the premium paid for children included in Line 3 will be given credit on Line 15. First, figure the per person premium for the insurance by dividing the monthly premium by the total number of persons covered.

For example: The father has \$300 deducted from his salary for family insurance that covers him, his current spouse, 2 children of his current marriage, and 2 children included on Line 3, the insurance premium would cover 6 individuals. In this example, the total monthly premium (\$300) must be divided by 6 to determine the monthly premium for each person (\$50).

Monthly insurance premium	divided by	Total number of persons insured	equals	Per person premium
\$300	/	6	=	\$50

The number of "other" family members covered is 4, excluding the 2 children in Line 3. The deduction amount is 4 times \$50 (the per person premium), for a total deduction of \$200. He would enter \$200 for item 5 of Line 6.

Line 7

Net Income

To calculate monthly net income, subtract allowable deductions (Line 6) from gross income (Line 5). Enter the monthly net income on Line 7 for the mother and father. Add the net income of both parents and enter it in the last column of Line 7.

Line 8

Percentage (%) Share of Total

Line 8 calculates the percentage (part) of the total support for each parent, based on both parents' income. Divide each parent's Net Income by the combined net income from the last column on Line 7, to determine the percentage. Enter this percentage on Line 8.

For example: The mother's net monthly income is \$1,212. The father's net income is \$2,064. Their combined income is \$3,276. Divide the mother's income (\$1,212) by the total combined monthly income (\$3,276) to determine the % share for the mother. $\$1,212 / \$3,276 = 37\%$

Monthly Financial Need

Line 9

Basic Need

Using [Table 1](#), find the row for your monthly combined net income (Line 7) and total number of children (Line 4) to look up the basic monthly financial need. If the Combined Net Income is more than \$10,000 a month, complete the box at the bottom right of Table 1. Enter the total on Line 9. The dollar amounts included in the guidelines table represent the minimum amount of support required to maintain the child(ren)'s standard of living if both parents' incomes were available to provide for their financial needs.

Line 10

75% of Child Care.

Seventy-five percent of child care for children on Line 3 may be added to the financial need, regardless of which parent is responsible for paying. The child care costs must be related to a parent's job, job search or education planned to result in employment or improve the income from the current job of either parent. The child care costs shall not exceed the level required for quality care from a licensed source and must be paid on a consistent basis throughout the year. If child care is paid on a schedule that is not monthly, use the [Monthly Conversion Instructions](#). Multiply the monthly child care cost times .75. Enter the amount on Line 10.

For example: The mother pays \$160 monthly for child care for 2 children while she attends night classes. Enter \$120 on Line 10. $\$160 \times .75 = \120

Line 11**Child's Insurance.**

If neither parent pays health or dental insurance for the children on Line 3, enter 0 on Line 11.

If one or both parents pay insurance for children on Line 3, enter the total amount paid for those children, based on the per person premium(s). [Click here](#)

Line 12**Total Financial Need**

Add Lines 9 + 10+ 11. Enter the total on Line 12.

Noncustodial Parental Obligation**LINE 13****Obligation**

The obligation should be calculated for the noncustodial parent. If there is a third party caregiver, Line 13 should be completed for both parents. Multiply the total monthly financial need from Line 12 by the percent share from Line 8. Enter the totals on Line 13 for each parent.

For example: Multiply the total financial need of the 2 children from Line 12 (\$1,295) by the mother's percentage (37% or .37). $\$1,295 \times .37 = \479 per month.

Multiply the monthly financial need of the 2 children from Line 10 (\$1,075) by the father's percentage (63% or .63). $\$1,295 \times .63 = \876 per month.

LINES 14 and 15**Credit, Child Care**

If a noncustodial parent pays for the children's work-related child care or insurance, the amount can be credited against their obligation. Subtract 75% of any child care (Line 10) paid by that parent and any amounts the noncustodial parent pays for insurance (from Line 11) from the noncustodial parent's monthly obligation. For the noncustodial parent(s), enter the child care amount on Lines 14 and insurance on Line 15.

LINE 16**Net Obligation**

For the noncustodial parent, subtract any credits for child care or insurance paid by that parent from the obligation on Line 13. This is the net obligation for that parent.

For example: the noncustodial father's obligation is \$876 per month. He is credited for the \$100 he pays every month for health insurance. $\$876 - \$100 = \$776$. His child support obligation is \$776 each month.

Additional Calculations**Insurance**

Figure the per person premium for the insurance by dividing the monthly premium by the total number of persons covered. For example, if the father has \$300 deducted from his salary for family insurance that covers him, his current spouse, 2 children of his current marriage, and 2 children included on Line 3, the insurance premium would cover 6 individuals. In this example, the total monthly premium (\$300) must be divided by 6 to determine the monthly premium for each person (\$50).

Monthly insurance premium	divided by	Total number of persons insured	equals	Per person premium
\$300	/	6	=	\$50

The number of children included on Line 3 and covered by this insurance is 2. The insurance need amount is 2 times \$50 (the per person premium), for a total of \$100. Enter \$100 on Line 11.

TABLE 1. CHILD SUPPORT, MONTHLY FINANCIAL NEED

Monthly Combined Net Income	Number of Children						Monthly Combined Net Income	Number of Children						Monthly Combined Net Income	Number of Children					
	One	Two	Three	Four	Five	Six		One	Two	Three	Four	Five	Six		One	Two	Three	Four	Five	Six
650.00	74	75	75	76	77	78	4100.00	846	1315	1637	1854	2023	2163	7550.00	1255	1951	2446	2750	3002	3211
700.00	119	120	121	123	124	125	4150.00	854	1329	1654	1873	2044	2185	7600.00	1259	1957	2453	2758	3011	3220
750.00	164	166	167	169	171	173	4200.00	863	1342	1670	1892	2064	2207	7650.00	1263	1963	2461	2767	3020	3230
800.00	190	211	213	216	218	220	4250.00	872	1355	1687	1911	2085	2229	7700.00	1267	1969	2468	2775	3030	3240
850.00	202	257	259	262	265	268	4300.00	881	1369	1704	1930	2106	2251	7750.00	1271	1975	2476	2784	3039	3250
900.00	213	302	305	309	312	315	4350.00	889	1382	1721	1949	2127	2273	7800.00	1274	1981	2483	2792	3048	3259
950.00	224	347	351	355	359	363	4400.00	898	1396	1737	1968	2147	2295	7850.00	1278	1987	2491	2801	3057	3269
1000.00	235	365	397	402	406	410	4450.00	907	1409	1754	1987	2168	2317	7900.00	1282	1992	2498	2810	3067	3279
1050.00	246	382	443	448	453	458	4500.00	916	1423	1771	2006	2189	2339	7950.00	1286	1998	2506	2818	3076	3289
1100.00	258	400	489	495	500	505	4550.00	924	1436	1788	2024	2209	2361	8000.00	1290	2004	2513	2827	3085	3298
1150.00	269	417	522	541	547	553	4600.00	933	1450	1804	2043	2230	2384	8050.00	1294	2010	2521	2835	3094	3308
1200.00	280	435	544	588	594	600	4650.00	942	1463	1821	2062	2251	2406	8100.00	1298	2016	2529	2844	3104	3318
1250.00	290	451	565	634	641	648	4700.00	951	1477	1838	2081	2271	2428	8150.00	1302	2022	2536	2852	3113	3328
1300.00	300	467	584	659	688	695	4750.00	959	1490	1855	2100	2292	2450	8200.00	1306	2028	2544	2861	3122	3337
1350.00	310	482	603	681	735	743	4800.00	968	1503	1871	2119	2313	2472	8250.00	1310	2034	2551	2869	3131	3347
1400.00	320	498	623	702	765	790	4850.00	977	1517	1888	2138	2334	2494	8300.00	1313	2040	2559	2878	3141	3357
1450.00	330	513	642	724	789	838	4900.00	986	1530	1905	2157	2354	2516	8350.00	1317	2046	2566	2887	3150	3367
1500.00	340	529	662	746	813	869	4950.00	993	1542	1927	2174	2372	2535	8400.00	1321	2052	2574	2895	3159	3376
1550.00	350	544	681	768	836	895	5000.00	1000	1551	1939	2188	2387	2551	8450.00	1325	2058	2581	2904	3168	3386
1600.00	360	560	701	790	860	920	5050.00	1006	1561	1952	2202	2402	2567	8500.00	1329	2064	2589	2912	3178	3396
1650.00	370	575	720	812	884	945	5100.00	1013	1571	1964	2215	2417	2583	8550.00	1333	2070	2597	2921	3187	3406
1700.00	380	591	740	833	907	971	5150.00	1019	1580	1976	2229	2432	2599	8600.00	1337	2076	2604	2929	3196	3415
1750.00	390	606	759	855	931	996	5200.00	1025	1590	1988	2243	2447	2615	8650.00	1341	2082	2612	2938	3205	3425
1800.00	400	622	779	877	955	1022	5250.00	1032	1599	2000	2256	2462	2631	8700.00	1345	2088	2619	2946	3215	3435
1850.00	410	638	798	900	979	1048	5300.00	1038	1609	2012	2270	2477	2647	8750.00	1349	2094	2627	2955	3224	3445
1900.00	421	654	818	923	1004	1074	5350.00	1045	1619	2024	2283	2492	2663	8800.00	1352	2100	2634	2963	3233	3454
1950.00	431	670	839	946	1029	1101	5400.00	1051	1628	2037	2297	2507	2679	8850.00	1356	2106	2642	2972	3242	3464
2000.00	442	686	859	968	1054	1128	5450.00	1057	1638	2049	2311	2522	2695	8900.00	1360	2111	2649	2981	3252	3474
2050.00	452	702	879	991	1079	1154	5500.00	1064	1647	2061	2324	2537	2711	8950.00	1364	2117	2657	2989	3261	3484
2100.00	463	718	899	1014	1104	1181	5550.00	1070	1657	2073	2338	2552	2727	9000.00	1368	2123	2664	2998	3270	3493
2150.00	473	734	919	1037	1129	1207	5600.00	1077	1667	2085	2352	2567	2743	9050.00	1372	2129	2672	3006	3279	3503
2200.00	484	751	940	1060	1154	1234	5650.00	1083	1676	2097	2365	2582	2759	9100.00	1376	2135	2680	3015	3289	3513
2250.00	494	767	960	1082	1179	1261	5700.00	1089	1686	2109	2379	2597	2775	9150.00	1380	2141	2687	3023	3298	3523
2300.00	505	783	980	1105	1204	1287	5750.00	1096	1695	2122	2393	2612	2791	9200.00	1384	2147	2695	3032	3307	3532
2350.00	515	799	1000	1128	1229	1314	5800.00	1102	1705	2134	2406	2627	2807	9250.00	1388	2153	2702	3040	3316	3542
2400.00	526	815	1020	1151	1254	1340	5850.00	1107	1713	2144	2418	2639	2820	9300.00	1391	2159	2710	3049	3326	3552
2450.00	536	831	1041	1174	1279	1367	5900.00	1111	1721	2155	2429	2651	2833	9350.00	1395	2165	2717	3058	3335	3562
2500.00	547	847	1061	1196	1304	1394	5950.00	1116	1729	2165	2440	2663	2847	9400.00	1399	2171	2725	3066	3344	3571
2550.00	557	864	1081	1219	1329	1420	6000.00	1121	1737	2175	2451	2676	2860	9450.00	1403	2177	2732	3075	3353	3581
2600.00	568	880	1101	1242	1354	1447	6050.00	1126	1746	2185	2462	2688	2874	9500.00	1407	2183	2740	3083	3363	3591
2650.00	578	896	1121	1265	1379	1473	6100.00	1131	1754	2196	2473	2700	2887	9550.00	1411	2189	2748	3092	3372	3601
2700.00	588	912	1141	1287	1403	1500	6150.00	1136	1762	2206	2484	2712	2900	9600.00	1415	2195	2755	3100	3381	3610
2750.00	597	927	1160	1308	1426	1524	6200.00	1141	1770	2216	2495	2724	2914	9650.00	1419	2201	2763	3109	3390	3620
2800.00	607	941	1178	1328	1448	1549	6250.00	1145	1778	2227	2506	2737	2927	9700.00	1422	2206	2767	3115	3396	3628
2850.00	616	956	1197	1349	1471	1573	6300.00	1150	1786	2237	2517	2749	2941	9750.00	1425	2210	2772	3121	3402	3634
2900.00	626	971	1215	1370	1494	1598	6350.00	1155	1795	2247	2529	2761	2954	9800.00	1427	2213	2776	3126	3408	3641
2950.00	635	986	1234	1391	1517	1622	6400.00	1160	1803	2258	2540	2773	2967	9850.00	1430	2217	2781	3132	3414	3647
3000.00	644	1001	1252	1412	1540	1647	6450.00	1165	1811	2268	2551	2785	2981	9900.00	1432	2221	2786	3137	3420	3653
3050.00	654	1016	1271	1433	1563	1671	6500.00	1170	1819	2278	2562	2798	2994	9950.00	1435	2225	2791	3143	3426	3659
3100.00	663	1031	1289	1453	1586	1695	6550.00	1175	1827	2288	2573	2810	3008	10000.00	1437	2228	2795	3148	3432	3666
3150.00	673	1045	1308	1474	1608	1720	6600.00	1179	1835	2299	2584	2822	3021							
3200.00	682	1060	1327	1495	1631	1744	6650.00	1184	1843	2309	2595	2834	3034							
3250.00	691	1075	1345	1516	1654	1769	6700.00	1189	1850	2317	2604	2845	3045							
3300.00	701	1090	1364	1537	1677	1793	6750.00	1193	1856	2325	2613	2854	3055							
3350.00	710	1105	1382	1558	1700	1818	6800.00	1196	1862	2332	2621	2863	3064							
3400.00	720	1120	1401	1579	1723	1842	6850.00	1200	1868	2340	2630	2872	3074							
3450.00	729	1135	1419	1599	1745	1867	6900.00	1204	1873	2347	2639	2882	3084							
3500.00	738	1149	1438	1620	1768	1891	6950.00	1208	1879	2355	2647	2891	3094							
3550.00	748	1164	1456	1641	1791	1915	7000.00	1212	1885	2362	2656	2900	3103							
3600.00	757	1179	1475	1662	1814	1940	7050.00	1216	1891	2370	2664	2909	3113							
3650.00	767	1194	1493	1683	1837	1964	7100.00	1220	1897	2378	2673	2919	3123							
3700.00	776	1208	1503	1702	1857	1987	7150.00	1224	1903	2385	2681	2928	3133							
3750.00	784	1221	1520	1721	1878	2009	7200.00	1228	1909											

MONTHLY CONVERSION WORKSHEET

If you are paid or make payments on a schedule that is not monthly, you must convert those amounts. These formulas may be used for income and expenses.

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If you are:	
Paid by the Hour	hourly amount x hours per week = weekly amount x 52 weeks = yearly amount divide by 12 months = MONTHLY AMOUNT
<i>Sample</i>	$\$7.50 \times 40 = \$300 \times 52 = \$15,600 / 12 = \$1,300$
<i>Your Calculation</i>	$\$ \underline{\hspace{1cm}} \times \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}} \times \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}} / \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$
Paid by the Day	daily amount x days per week = weekly amount x 52 weeks = yearly amount divide by 12 months = MONTHLY AMOUNT
<i>Sample</i>	$\$80 \times 5 = \$400 \times 52 = \$20,800 / 12 = \$1,733$
<i>Your Calculation</i>	$\$ \underline{\hspace{1cm}} \times \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}} \times \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}} / \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$
Paid by the Week	Weekly amount x 52 weeks = Yearly amount divide by 12 months = MONTHLY AMOUNT
<i>Sample</i>	$\$200 \times 52 = \$10,400 / 12 = \$650$
<i>Your Calculation</i>	$\$ \underline{\hspace{1cm}} \times \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}} / \underline{\hspace{1cm}} = \underline{\hspace{1cm}} \$ \underline{\hspace{1cm}}$
Paid Every 2 Weeks	Bi-weekly amount x 26 = Yearly amount divide by 12 months = MONTHLY AMOUNT
<i>Sample</i>	$\$600 \times 26 = \$15,600 / 12 = \$2,300$
<i>Your Calculation</i>	$\$ \underline{\hspace{1cm}} \times \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}} / \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$
Paid Twice per Month	Semi-monthly amount x 2 = Monthly Amount
<i>Sample</i>	$\$550 \times 2 = \$1,100$
<i>Your Calculation</i>	$\$ \underline{\hspace{1cm}} \times 2 = \$ \underline{\hspace{1cm}}$

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Additional Insurance Calculation

Figure the per person premium for the insurance by dividing the monthly premium by the total number of persons covered. For example, if the father has \$300 deducted from his salary for family insurance that covers him, his current spouse, 2 children of his current marriage, and 2 children included on Line 3, the insurance premium would cover 6 individuals. In this example, the total monthly premium (\$300) must be divided by 6 to determine the monthly premium for each person (\$50).

Monthly insurance premium \$300	divided by /	Total number of persons insured 6	equals =	Per person premium \$50
<p>The number of children included on Line 3 and covered by this insurance is 2. The insurance need amount is 2 times \$50 (the per person premium), for a total of \$100. Enter \$100 on Line 11.</p>				