

4A-212. Interim monthly income and expenses statement.

[For use with Rule 1-122 NMRA]

STATE OF NEW MEXICO
COUNTY OF DONA ANA
THIRD JUDICIAL DISTRICT

_____,
Petitioner,

v. No. _____

_____,
Respondent.

SERVE THIS FORM ON THE OTHER PARTY. DO NOT FILE WITH THE COURT.

INTERIM MONTHLY INCOME AND EXPENSES STATEMENT¹
(fixed percentage for child expenses)¹

STATE OF NEW MEXICO)
) ss.
COUNTY OF)

I, _____ (*Petitioner*) (*Respondent*), state under penalty of perjury that the following is true and correct at this time:

| | Petitioner Column 1 | Respondent Column 2 | Combined Column 3 |
|--------------------------------------|--------------------------------|--------------------------------|------------------------------|
| 1. Gross monthly income ² | | | |
| a. Gross monthly wages | \$ _____ | \$ _____ | \$ _____ |
| b. Rental income | \$ _____ | \$ _____ | \$ _____ |
| c. Self-employment income | \$ _____ | \$ _____ | \$ _____ |
| d. Dividends and interest | \$ _____ | \$ _____ | \$ _____ |
| e. Other income | \$ _____ | \$ _____ | \$ _____ |
| 2. Total gross monthly income | \$ _____ | \$ _____ | \$ _____ |
| 3. Payroll deductions ³ | \$ _____ | \$ _____ | \$ _____ |
| a. Federal withholding | \$ _____ | \$ _____ | \$ _____ |
| b. State withholding | \$ _____ | \$ _____ | \$ _____ |
| c. Estimated tax payments | \$ _____ | \$ _____ | \$ _____ |
| d. FICA | \$ _____ | \$ _____ | \$ _____ |
| e. Medicare | \$ _____ | \$ _____ | \$ _____ |
| f. Health insurance | \$ _____ | \$ _____ | \$ _____ |
| g. Life and disability insurance | \$ _____ | \$ _____ | \$ _____ |
| h. Union dues | \$ _____ | \$ _____ | \$ _____ |

| | | | | | |
|-----|----|--|----------|----------|----------|
| | i. | Mandatory retirement | \$ _____ | \$ _____ | \$ _____ |
| | j. | Other | \$ _____ | \$ _____ | \$ _____ |
| 4. | | Total payroll deductions (Add items in #3) | \$ _____ | \$ _____ | \$ _____ |
| 5. | | Net monthly income (Subtract Line 4 from Line 2) | \$ _____ | \$ _____ | \$ _____ |
| 6. | | Monthly fixed expenses ⁴ : | \$ _____ | \$ _____ | \$ _____ |
| | a. | Residence ⁵ | \$ _____ | \$ _____ | \$ _____ |
| | b. | Utilities ⁶ | \$ _____ | \$ _____ | \$ _____ |
| | c. | Car payments | \$ _____ | \$ _____ | \$ _____ |
| | d. | Insurance premiums | \$ _____ | \$ _____ | \$ _____ |
| | | (1) Car or other vehicle | \$ _____ | \$ _____ | \$ _____ |
| | | (2) Life ⁷ | \$ _____ | \$ _____ | \$ _____ |
| | | (3) Health ⁷ | \$ _____ | \$ _____ | \$ _____ |
| | | (4) Homeowners ⁸ or renters | \$ _____ | \$ _____ | \$ _____ |
| | | (5) Other | \$ _____ | \$ _____ | \$ _____ |
| | e. | Day care ⁹ | \$ _____ | \$ _____ | \$ _____ |
| | f. | Credit card payments ¹⁰ | \$ _____ | \$ _____ | \$ _____ |
| | g. | Loan payments | \$ _____ | \$ _____ | \$ _____ |
| | h. | Child support payments ¹¹ | \$ _____ | \$ _____ | \$ _____ |
| | i. | Medical | \$ _____ | \$ _____ | \$ _____ |
| | j. | Other | \$ _____ | \$ _____ | \$ _____ |
| 7. | | Total monthly fixed expenses (Add items in #6 and #7) ¹² | \$ _____ | \$ _____ | \$ _____ |
| 8. | | Net spendable income (Line 5 minus Line 7) | \$ _____ | \$ _____ | \$ _____ |
| 9. | | 1/2 of combined net spendable income (1/2 of Line 8 Column 3) ¹³ | \$ _____ | \$ _____ | |
| 10. | | Amount transferred and received ¹⁴ | \$ _____ | \$ _____ | |
| 11. | | Child support adjustment ¹⁵ (see table, Use Note 15) | \$ _____ | \$ _____ | |
| 12. | | Total to be transferred ¹⁶ | \$ _____ | \$ _____ | |

I, _____, affirm under penalty of perjury under the laws of the State of New Mexico that I am the [] Petitioner (or) [] Respondent in the above-entitled cause, and I know and understand that the contents of this Statement are true to the best of my knowledge and belief.

Signature

Date

USE NOTE

1. This form is to be used with an Interim Order Allocating Income and Expenses, Form 4A-213 NMRA. Unless, upon motion of a party, the court orders the division of separate

