

D. SCREEN SHOT 1: WAGES

Wages

* Indicates required information

*Employer name Unknown EIN

Address

Country

*Street 1

Street 2 [+ Add Line](#)

City/Town State/Territory ZIP Code

Unknown

Contact

Phone U.S. International

10-digit Number

Monthly Values

Alleged Amount, Reported Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Reported Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="button" value="Delete"/>

*Other deduction amount reason [? More Info](#)

*Other

[Hide person remarks](#)

Person remarks (Printed):

(1000 characters maximum)

Characters remaining: 1000

No remarks

[Hide file documentation notes](#)

File documentation notes:

(1000 characters maximum)

D. SCREEN SHOT 1 - OTHER INCOME

Other Income

* Indicates required information

*Type

*Source Unknown ID

Address

Country

*Street 1

Street 2 [Add Line](#)

City/Town State/Territory ZIP Code

Unknown

Contact

Phone U.S. International

10-digit Number

[Show person remarks](#)
No remarks

[Show file documentation notes](#)
No notes

D. SCREEN SHOT 1: SOCIAL SECURITY BENEFIT

Social Security Benefit

* Indicates required information

ID

***Pending Claim** Yes No

***Date claim filed** mm/dd/yyyy

+ Show person remarks
No remarks

+ Show file documentation notes
No notes

Monthly Values

Alleged Amount or Verified Amount is required

<small>* Date From (mm/yyyy)</small>	<small>* Date To (mm/yyyy)</small>	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Double Counting Overpayment Recovery Amount (\$)	Double Counting Applies	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
03/2013	Continuing <input checked="" type="checkbox"/>	100.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	10.00	<input type="checkbox"/>	90.00	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

D. SCREEN SHOT 1: PENSION, ANNUITY, RETIREMENT, OR DISABILITY PAYMENT

Pension, Annuity, Retirement, or Disability Payment

* Indicates required information

*Type

*Source Unknown ID Unknown

Address

Country

*Street 1

Street 2

City/Town State/Territory ZIP Code

Unknown

Contact

Phone U.S. International

10-digit Number

No remarks

No notes

Monthly Values

Alleged Amount or Verified Amount is required

* Date From (mm/yyyy)	* Date To (mm/yyyy)	Alleged Amount (\$)	Verified Amount (\$)	Court Ordered or IV-D Support Amount (\$)	Double Counting Overpayment Recovery Amount (\$)	Double Counting Applies	Other Deduction Amount (\$)	Unknown	Countable Amount (\$)	Actions
03/2012	Continuing <input checked="" type="checkbox"/>	100.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	10.00	<input type="checkbox"/>	90.00	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

*Other deduction amount reason