**IN THE CIRCUIT COURT OF ST. LOUIS COUNTY**

**STATE OF MISSOURI**

Judge or Division:

Heggie Case Number:14SL-DR02617

ANGELA FREINE

Petitioner,

Vs.

JAMES JUDY:

Respondent.

**Income and Expense Statement of Angela Freiner**.

**My Income**

| **A. Gross wages or salary and commissions paid to me each pay period: Paid: Weekly \_\_\_\_\_\_\_\_\_\_ Bi-Weekly \_\_\_\_\_\_\_\_\_\_ Semi-Monthly \_\_\_\_\_\_\_\_\_ Monthly \_\_\_\_\_\_\_\_** | 0 |
| --- | --- |
| **B. My monthly gross wages or salary:** | 0 |
| **C. My tax status claimed: Single \_\_\_\_\_\_\_\_\_\_ Married \_\_\_\_\_\_\_\_\_\_ Head/Household \_\_\_\_X\_\_\_\_\_\_\_**  **Number of persons claimed as deductions \_\_\_\_0\_\_\_\_\_** |  |
| **D. Payroll deductions each pay period:** | 0 |
| **FICA (social security tax)**  **Federal withholding tax**  **State withholding tax**  **City earning tax**  **Union dues**  **Health insurance**  **Others: (specify)** | 0  0  0  0  0  0 |
| **My total deductions each pay period: ➡** | 0 |
| **My net take home pay each pay period ➡** | 0 |
| **E. My take home or net pay each month:** | 0 |
| **F. My total monthly average gross additional income from all sources** | 0 |
| G. My total monthly gross income from wages (line B) and additional income (line F) | 0 |
| H. **Total gross income from my tax returns for each of the last 3 calendar years:** |  |
| | Year income   | 2019 |  | | --- | --- | | 2020 |  | | 2021 |  | | | --- | --- | --- | --- | --- | --- | --- | |  |
| **My Spouse’s Current Estimated Monthly Gross Income** |  |
| **.Source** |  |
| **Amount** | 0 |
| **Total** | 0 |
| **My Anticipated Expenses (Monthly Average – Itemize)** |  |
| **A. Rent or mortgage payments (include home association dues** | 1065.00 |
| **B. Maintenance & repairs of residence** | 0 |
| **C. Utilities**   | 1. Gas | .  2. Water | 3. Electricity | | --- | --- | --- | | 100.00 | 100.00 | 200.00 | | 4. Telephone | 5. Trash Service | 6. Other | | 60.00 | 40.00 | 0 | | Total Utility Expense |  | 500.00 | |  |  | TOTAL | | **D. Automobiles** |  |  | | 1. Gas and oil | 2. Maintenance | 3. Tax and license | | 50.00 |  | 200.00 | | 4. Payment of Loan | 5. Other |  | | Total Automobile Expense |  | 250.00 | | **E. Insurance** | 1. Life | 2. Health, accident & dental |   F. Taxes  1. Real estate (if not in mortgage payment)  2. Personal pr  4. Other  Total Tax Expense | 500.00  250.00  TOTAL  **2000.00**  0 |
| G. Payments I make on debts | 0 |
| H. Child support I pay to others for children not in my custody and not involved in this proceeding | 0 |
| I. Maintenance or alimony paid by me to persons other than my current spouse | 0 |
| J. Church and charitable contributions | 0 |
| K. Other Living Expenses | 0 |

|  | ***Children in my Custody*** | ***Children in Spouse’s Custody*** | ***Children in Joint Custody*** | ***Mine*** |
| --- | --- | --- | --- | --- |
| 1. Food  2. Clothing  3. Medical care  4. Prescription drugs  5. Dental care  6. Recreation  7. Laundry and cleaning  8. Barber and beauty shop  9. School and books  10. School lunches  11. Lessons  12. Home maintenance  13. Other (itemize)  Total other living expenses (total each column) |  |  |  | 100.00  50.00  30.00  100.00  280.00 |

I Angela Freiner,verify, under penalty of perjury that the foregoing is true and correct. Further, I certify that I am qualified and authorized to file thisIncome Statement. Executed on 10/28/2021

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Angela Freiner