



ADDITIONAL MY EMPLOYMENT/BUSINESS

(FINANCIAL AFFIDAVIT)

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: _____

County Where You Are Filing the Case

PETITIONER: _____

Who started the case. First, Middle, and Last Name

RESPONDENT: _____

Who the case was filed against. First, Middle, and Last Name

Case Number _____

Use this form **only** if you ran out of space on the *Financial Affidavit*. File this form with your *Financial Affidavit*.

If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Additional Information continued from the *Financial Affidavit*:

3. MY EMPLOYMENT/BUSINESS

Tell the judge about your jobs, including all full-time, part-time, temporary, contract, or other work. Share information about any business you own or operate and the business income.

b. ☐ I am **employed** by someone else:

Employer Name: _____

Employer Address: _____
Street, Apt. # City State Zip Code

Number of paychecks per year:

☐ 12 (monthly)

☐ 24 (two times a month)

☐ 26 (every two weeks)

☐ 52 (weekly)

☐ I am paid in cash

My gross income from this employer (pay before taxes and deductions as of January 1) so far this year:

\$ _____ as of _____
Date

- c. ☐ I am **self-employed** or have Other Business Income:



Attach complete federal and state business tax returns for the most recent tax year.

- ☐ own a business as a sole proprietorship.
- ☐ as an independent contractor.
- ☐ as a member of a partnership.
- ☐ as a member of a limited liability company (LLC) not treated as a corporation.
- ☐ closely held corporation.
- ☐ other flow-through business entity.

Business Name: _____

Business Address: _____
Street, Apt. # City State Zip Code

Gross business receipts for last year \$_____ and so far this year \$_____.

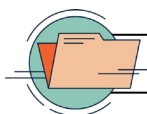
Ordinary and necessary expenses required to carry on the business for

last year \$_____ and this year \$_____.

I receive any of the following from the business (*check all that apply*):

- ☐ Reimbursed meals.
- ☐ Company car.
- ☐ Free housing or housing allowance.
- ☐ Other:

- ☐ I have attached more than one *Additional My Employment/Business* forms.



File this form with your *Financial Affidavit*.