

<b>STATE OF ILLINOIS, CIRCUIT COURT</b>  _____ <b>COUNTY</b>	<b>Additional My Employment/Business (FINANCIAL AFFIDAVIT)</b>  <input type="checkbox"/> <b>Pre-Judgment</b> <input type="checkbox"/> <b>Post-Judgment</b>	<i>For Court Use Only</i>
<b>Instructions ▼</b> Enter above the county name where the case was filed.  Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.  Enter the Case Number given by the Circuit Clerk.	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <b>Petitioner</b> <i>(First, middle, last name)</i> </div> <div style="text-align: center; margin-bottom: 10px;">v.</div> <div style="border-bottom: 1px solid black;"> <b>Respondent</b> <i>(First, middle, last name)</i> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <b>Case Number</b> </div>

**IMPORTANT:** 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.

Fill out this form only if you have additional <b>Employment and/or Businesses</b> . If you fill it out, attach this form to your <i>Financial Affidavit</i> .  In <b>6</b> , check all that apply. Provide all information requested about your jobs, including all full-time, part-time, temporary, contract, or other work. Provide all the requested information about any business you own or operate and the business income.  In <b>6b</b> , enter your total gross income from this employer from January 1 of this year through the date you complete this form.  Provide Fair Market Value (FMV) amounts for items or services provided to you by the business.	<div> <b>6. My Employment/Business</b>            a. I am <input type="checkbox"/> unemployed             b. I am <input type="checkbox"/> employed by someone else                Employer name: _____                Employer address: _____                                            <i>Street Address, Apt.</i> </div> <div style="margin-top: 20px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"><i>City</i></td> <td style="border-bottom: 1px solid black; width: 30%; text-align: center;"><i>State</i></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: center;"><i>ZIP</i></td> </tr> </table> </div> <div>           Number of paychecks per _____           <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> 12 <i>(monthly)</i> </div> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <input type="checkbox"/> 24 <i>(two times a month)</i> </div>  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> 26 <i>(every two weeks)</i> </div> <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <input type="checkbox"/> 52 <i>(weekly)</i> </div>  <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> I am paid in cash         </div> </div> <div style="margin-top: 10px;">           Gross income <i>(pay before taxes and deductions)</i> so far this year \$ _____            as of _____                                    <i>Date</i> </div> <div style="margin-top: 20px;">           c. Self-Employment or Other Business Income:  <input type="checkbox"/> own a business as a sole proprietorship.  <input type="checkbox"/> as an independent contractor.  <input type="checkbox"/> as a member of a partnership.  <input type="checkbox"/> as a member of a limited liability company (LLC) not treated as a corporation.  <input type="checkbox"/> closely held corporation.  <input type="checkbox"/> other flow-through business entity         </div> <div style="margin-top: 10px;">           Business name: _____            Business address: _____                                            <i>Street Address, Apt.</i> </div> <div style="margin-top: 20px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 30%;"><i>City</i></td> <td style="border-bottom: 1px solid black; width: 30%; text-align: center;"><i>State</i></td> <td style="border-bottom: 1px solid black; width: 40%; text-align: center;"><i>ZIP</i></td> </tr> </table> </div>	<i>City</i>	<i>State</i>	<i>ZIP</i>	<i>City</i>	<i>State</i>	<i>ZIP</i>
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In **6c**, check the box that best describes your self-employment, and/or the box that describes the type of business you have. List the name and address of the business, and the gross receipts for last year and this year.

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 \$\_\_\_\_\_

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

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

(You must attach complete business federal and state business tax returns for the most recent tax year.)