STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

# SALARY GARNISHMENT

STD. 639 (REV. 5/2009)

**Reference Payroll Procedures Manual Section H 300**

ATTACHMENT H-2 EXAMPLE 8

**NOTE: SUBMIT ORIGINAL TO THE STATE CONTROLLER'S GARNISHMENT UNIT. IF FAXED, FAX *ONLY ONCE* AND *DO NOT* SUBMIT A HARD COPY.**

DOCUMENT NUMBER

1. AGENCY NAME: COMPLETE

2. SOCIAL SECURITY NUMBER: XXX-XX-XXXX

3. NAME (F.I.) X (M.I.) X (LAST) XXXXXXX

4. POSITION NUMBER: (Agency) XXX (Unit) XXX (Class) XXXX (Serial) XXX

5. EFFECTIVE DATE: 10/29/98

6. ACTION TYPE: ☐ NEW ☑ MODIFICATION OR CORRECTION OF ITEM 8E & 11D ☐ CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE

7. PAY FREQUENCY: ☑ MONTHLY ☐ SEMI-MONTHLY ☐ BI-WEEKLY

8. GARNISHMENT TYPE (038)

A. ☐ COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088)
$ _____ *(Monthly Amount)*
$ _____ *(Deduction Amount per Pay Period)*
☐ DEDUCTION AMOUNT CHANGED FROM $ _____ ***(Must be completed if changing 8A)***

9. TOTAL GARNISHMENT AMOUNT

B. (399/002) ☐ EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES *(CCP Section 706.030, 706.052, and 706.070 et seq.) (including FTB Child Support Collection Program, Revenue & Taxation Code 19271)* $

C. (339/003) ☐ CERTIFICATION OF FACTS--FEDERAL TAX LEVY *(GC 926.8)*
(1) NUMBER OF DEPENDENTS *(Must be at least one for employee)* _____
(2) STANDARD DEDUCTIONS: ☐ 1 - SINGLE ☐ 2 - MARRIED FILING JOINTLY ☐ 3 - MARRIED FILING SEPARATELY ☐ 4 - HEAD OF HOUSEHOLD ☐ 5 - SURVIVING SPOUSE
$

D. (339/004) ☐ EARNINGS WITHHOLDING ORDER FOR STATE TAXES *(CCP 706.072)*; FTB REGISTRATION COLLECTION PROGRAM *(Revenue & Taxation Code 10878)*; FTB STUDENT LOAN COLLECTIONS *(GC 16583.5)*; BOARD OF EQUALIZATION FOR TAXES *(CCP 706.074)*; UNEMPLOYMENT INSURANCE *(UI Code 1755)*; FTB COURT-ORDERED DEBT COLLECTIONS *(Revenue & Taxation Code 19280)* $

E. (339/007) ☑ EARNINGS WITHHOLDING ORDER *(CCP 706.125)*: $ 3987.39

F. (339/008) ☐ Federally Guaranteed Student Loan *(Higher Education Act of 1965: 20 USCA Section 1095a.)* $

10. ☐ SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. $

11. COMPLETE **ONLY** IF COURT SPECIFICALLY STATES ***(May only be completed with 8B, 8C, 8D, 8E, and 8F.)***

A ☐ TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B ☐ MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH ***(If 11B is used for 8C, copy of IRS Form 668D must be attached.)*** $ _____

C ☐ SUPPORT EXEMPTION AMOUNT $ _____

D ☑ SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH ***(If 11D is used for 8C, copy of IRS Form 668D must be attached.)*** $ 150.00

12. WARRANT TO BE MADE PAYABLE TO

**Must be completed** Levying Officer File Number / Case Number

Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshal's Departments *(8B and 8E above)*. All others, enter Case Number. ☞ COMPLETE

INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. *(Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088)* ☞ COMPLETE
COMPLETE
COMPLETE
COMPLETE

13. REMARKS

14. FORM COMPLETED BY: COMPLETE

TELEPHONE NUMBER AND EXTENSION: COMPLETE

15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660

AUTHORIZED SIGNATURE: COMPLETE DATE

TYPED NAME: COMPLETE