

SALARY GARNISHMENT

STD. 639 (REV. 5/2009)

Reference Payroll Procedures
Manual Section H 300

ATTACHMENT H-2 EXAMPLE 1

**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 <div style="text-align: center; font-weight: bold;">COMPLETE</div>			4. POSITION NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">(Agency)</td> <td style="width: 15%;">(Unit)</td> <td style="width: 15%;">(Class)</td> <td style="width: 15%;">(Serial)</td> </tr> <tr> <td style="text-align: center;">XXX</td> <td style="text-align: center;">XXX</td> <td style="text-align: center;">XXXX</td> <td style="text-align: center;">XXX</td> </tr> </table>				(Agency)	(Unit)	(Class)	(Serial)	XXX	XXX	XXXX	XXX
(Agency)	(Unit)	(Class)	(Serial)											
XXX	XXX	XXXX	XXX											
2. SOCIAL SECURITY NUMBER XXX-XX-XXXX		3. NAME (F.I.) (M.I.) (LAST) X X XXXXXXXX												
5. EFFECTIVE DATE 09/15/98		6. ACTION TYPE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE												
7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY														
8. GARNISHMENT TYPE (038) A. <input checked="" type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) <div style="display: flex; justify-content: space-between;"> <div> \$ 500.00 (Monthly Amount) \$ 500.00 (Deduction Amount per Pay Period) </div> <div> <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ _____ (Must be completed if changing 8A) </div> </div>														
B. (339/002) 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) <table style="width:100%;"> <tr> <td style="width: 20%;">(1) NUMBER OF DEPENDENTS (Must be at least one for employee)</td> <td style="width: 20%;">(2) STANDARD DEDUCTIONS</td> <td style="width: 20%;">3 - MARRIED FILING SEPARATELY</td> <td style="width: 20%;">5 - SURVIVING SPOUSE</td> </tr> <tr> <td><input type="checkbox"/></td> <td> <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY </td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						(1) NUMBER OF DEPENDENTS (Must be at least one for employee)	(2) STANDARD DEDUCTIONS	3 - MARRIED FILING SEPARATELY	5 - SURVIVING SPOUSE	<input type="checkbox"/>	<input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY	<input type="checkbox"/>	<input type="checkbox"/>	
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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):														
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. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) \$ _____ C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ _____ D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8C, copy of IRS Form 668D must be attached.) \$ _____														
12. WARRANT TO BE MADE PAYABLE TO														
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. <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;"> COMPLETE </div>														
INDICATE NAME SHOWN ON COURT ORDER, WRIT, LEVY. (Include address if pursuant to FC 150 et seq., 5200 et seq. or PC 3088) <div style="border: 1px solid black; padding: 5px; font-family: monospace; font-size: 1.2em;"> COMPLETE COMPLETE COMPLETE COMPLETE </div>														
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 <input checked="" type="checkbox"/> COMPLETE DATE TYPED NAME COMPLETE										