

**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 <b>COMPLETE</b>			4. POSITION NUMBER			
			(Agency)	(Unit)	(Class)	(Serial)
2. SOCIAL SECURITY NUMBER <b>XXX-XX-XXXX</b>			3. NAME (F.I.) (M.I.) (LAST) <b>X X XXXXXXXX</b>			
5. EFFECTIVE DATE <b>12/03/99</b>			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 type="checkbox"/> MONTHLY <input checked="" type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> 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)

B. (399/002)		9. TOTAL GARNISHMENT AMOUNT
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)	(1) NUMBER OF DEPENDENTS <i>(Must be at least one for employee)</i>	(2) STANDARD DEDUCTIONS		
<input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)		<input type="checkbox"/> 1 - SINGLE	<input type="checkbox"/> 3 - MARRIED FILING SEPARATELY	
		<input type="checkbox"/> 2 - MARRIED FILING JOINTLY	<input type="checkbox"/> 4 - HEAD OF HOUSEHOLD	<input type="checkbox"/> 5 - SURVIVING SPOUSE
				\$

D. (339/004)	EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10679); 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)	\$	4,253.00
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E. (339/007)	EARNINGS WITHHOLDING ORDER (CCP 706.125):	
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F. (339/008)	Federally Guaranteed Student Loan ( <i>Higher Education Act of 1965: 20 USCA Section 1095a.</i> )	\$
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10.	SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.	\$
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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 checked="" type="checkbox"/>	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	
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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.

[illegible]

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


C O M P L E T E

C O M P L E T E

C O M P L E T E

C O M P L E T E

13. REMARKS

14. FORM COMPLETED BY <b>COMPLETE</b>	TELEPHONE NUMBER AND EXTENSION <b>COMPLETE</b>	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 660 AUTHORIZED SIGNATURE  <b>COMPLETE</b> DATE
		TYPED NAME <b>COMPLETE</b>