

**SALARY GARNISHMENT**

STD. 639 (REV. 5/2009)

Reference Payroll Procedures  
Manual Section H 300

ATTACHMENT H-2 EXAMPLE 2

**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			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									
5. EFFECTIVE DATE 11/21/98		7. PAY FREQUENCY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY												
8. GARNISHMENT TYPE (038) A. <input type="checkbox"/> COURT ORDERED ASSIGNMENT OF WAGES (ONGOING SUPPORT) (FC 150 et seq., 5200 et seq. or PC 3088) \$ (Monthly Amount) <input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A) \$ (Deduction Amount per Pay Period)														
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) <input checked="" type="checkbox"/>					9. TOTAL GARNISHMENT AMOUNT \$ 2000.00									
C. (399/003) <table border="0" style="width:100%;"><tr><td style="width: 30%; vertical-align: top;"><input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)</td><td style="width: 20%; vertical-align: top;">(1) NUMBER OF DEPENDENTS (Must be at least one for employee)</td><td style="width: 20%; vertical-align: top;">(2) STANDARD DEDUCTIONS <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</td></tr></table>					<input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS (Must be at least one for employee)	(2) STANDARD DEDUCTIONS <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	\$						
<input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS (Must be at least one for employee)	(2) STANDARD DEDUCTIONS <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. (399/004) 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) <input type="checkbox"/>					\$									
E. (399/007) EARNINGS WITHHOLDING ORDER (CCP 706.125): <input type="checkbox"/>					\$									
F. (399/008) Federally Guaranteed Student Loan (Higher Education Act of 1965; 20 USCA Section 1095a.) <input type="checkbox"/>					\$									
10. SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE. <input type="checkbox"/>						\$								
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.) \$ 250.00														
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.														
Must be completed    Levying Officer File Number / Case Number <div style="text-align: center; font-weight: bold; border: 1px solid black; padding: 5px;">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="text-align: center; font-weight: bold; border: 1px solid black; padding: 5px;">COMPLETE</div>														
<div style="text-align: center; font-weight: bold; border: 1px solid black; padding: 5px;">COMPLETE</div>														
<div style="text-align: center; font-weight: bold; border: 1px solid black; padding: 5px;">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 <div style="text-align: center; font-weight: bold;">COMPLETE</div> TYPED NAME COMPLETE										