

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

DOCUMENT NUMBER

<b>1. AGENCY NAME</b> <div style="text-align: center; font-weight: bold;">COMPLETE</div>				<b>4. POSITION NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:25%; text-align: center;">(Agency)</td><td style="width:25%; text-align: center;">(Unit)</td><td style="width:25%; text-align: center;">(Class)</td><td style="width:25%; text-align: center;">(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												
<b>2. SOCIAL SECURITY NUMBER</b> XXX-XX-XXXX		<b>3. NAME</b> (F.I.) (M.I.) (LAST) X X XXXXXXXX													
<b>5. EFFECTIVE DATE</b> 11/02/98		<b>6. ACTION TYPE</b> <input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input checked="" type="checkbox"/> CANCELLATION OF GARNISHMENT		<b>ORIGINAL EFFECTIVE DATE</b> 09/25/98											
<b>7. PAY FREQUENCY</b> <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY															
<b>8. GARNISHMENT TYPE (038)</b> <b>A.</b> <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>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 &amp; Taxation Code 19271)</b> <input checked="" type="checkbox"/> <b>9. TOTAL GARNISHMENT AMOUNT</b> \$ 1800.00															
<b>C. (399/003)</b> <table border="0" style="width:100%;"><tr><td style="width:50%; vertical-align: top;"><input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)</td><td style="width:25%; vertical-align: top;">(1) NUMBER OF DEPENDENTS (Must be at least one for employee) <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY</td><td style="width:25%; vertical-align: top;">(2) STANDARD DEDUCTIONS <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <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) <input type="checkbox"/> 1 - SINGLE <input type="checkbox"/> 2 - MARRIED FILING JOINTLY	(2) STANDARD DEDUCTIONS <input type="checkbox"/> 3 - MARRIED FILING SEPARATELY <input type="checkbox"/> 4 - HEAD OF HOUSEHOLD <input type="checkbox"/> 5 - SURVIVING SPOUSE							
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<b>D. (399/004) EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); FTB REGISTRATION COLLECTION PROGRAM (Revenue &amp; 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 &amp; Taxation Code 19280)</b> \$															
<b>E. (399/007) EARNINGS WITHHOLDING ORDER (CCP 706.125):</b> \$															
<b>F. (399/008) Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)</b> \$															
<b>10. SUM OF ALL AMOUNTS DUE AND OWING THIS AGENCY BY DEBTOR FOR SALARY ADVANCES OR FOR ANY OTHER PURPOSE.</b> \$															
<b>11. COMPLETE ONLY IF COURT SPECIFICALLY STATES (May only be completed with 8B, 8C, 8D, 8E, and 8F.)</b>															
<b>A.</b> <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8D) _____															
<b>B.</b> <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8C, copy of IRS Form 668D must be attached.) \$ _____															
<b>C.</b> <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT \$ _____															
<b>D.</b> <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.) \$ 200.00															
<b>12. WARRANT TO BE MADE PAYABLE TO</b> <div style="display: flex; justify-content: space-between;"><div>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><div>Must be completed Levying Officer File Number / Case Number <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C O M P L E T E</div></div></div>															
<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> <div style="display: flex; justify-content: space-between;"><div></div><div><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C O M P L E T E</div><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C O M P L E T E</div><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C O M P L E T E</div><div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">C O M P L E T E</div></div></div>															
<b>13. REMARKS</b>															
<b>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</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;"><b>AUTHORIZED SIGNATURE</b> COMPLETE</td><td style="width:50%;"><b>DATE</b></td></tr><tr><td colspan="2"><b>TYPED NAME</b> COMPLETE</td></tr></table>		<b>AUTHORIZED SIGNATURE</b> COMPLETE	<b>DATE</b>	<b>TYPED NAME</b> COMPLETE							
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