

SALARY GARNISHMENT

STD. 639 (REV. 5/2009)

Reference Payroll Procedures
Manual Section H 300

ATTACHMENT H-2 EXAMPLE 5

**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; font-size: small;"> <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 11/02/01		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 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 \$ _____ \$ _____ (Deduction Amount per Pay Period) (Must be completed if changing 8A)														
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) <input type="checkbox"/>					9. TOTAL GARNISHMENT AMOUNT \$									
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 <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 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): <input type="checkbox"/>					\$									
F. (339/008) <input checked="" type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965; 20 USCA Section 1095a.)					\$ 5000.00									
10. <input type="checkbox"/> 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 688D 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 688D must be attached.) \$ 241.97														
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="text-align: center; font-weight: bold; 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="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">COMPLETE</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">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										