STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

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: COMPLETE

2. SOCIAL SECURITY NUMBER: XXX-XX-XXXX

3. NAME (F.I.) X (M.I.) X (LAST) XXXXXXX

4. POSITION NUMBER: (Agency) XXX (Unit) XXX (Class) XXXX (Serial) XXX

5. EFFECTIVE DATE: 11/21/98

6. ACTION TYPE: [✓] NEW [ ] MODIFICATION OR CORRECTION OF ITEM _____ [ ] CANCELLATION OF GARNISHMENT ORIGINAL EFFECTIVE DATE _____

7. PAY FREQUENCY: [✓] MONTHLY [ ] SEMI-MONTHLY [ ] 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)*

9. TOTAL GARNISHMENT AMOUNT

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)* — $ 2000.00

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: [ ] 1 - SINGLE [ ] 2 - MARRIED FILING JOINTLY [ ] 3 - MARRIED FILING SEPARATELY [ ] 4 - HEAD OF HOUSEHOLD [ ] 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)*: — $

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 [ ] TERMINATION DATE OF EARNINGS WITHHOLDING ORDER *(NOT APPLICABLE TO 8D)* _____

B [ ] MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH *(If 11B is used for 8C, copy of IRS Form 668D must be attached.)* $ _____

C [ ] SUPPORT EXEMPTION AMOUNT $ _____

D [✓] 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: COMPLETE

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

COMPLETE
COMPLETE
COMPLETE
COMPLETE

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: COMPLETE DATE

TYPED NAME: COMPLETE