

**SALARY GARNISHMENT**

STD. 639 (Rev. 3/2021)

**Reference Payroll Procedures  
Manual Section H 300****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		4. POSITION NUMBER			
		(Agency) (Unit) (Class) (Serial)			
2. SOCIAL SECURITY NUMBER	3. NAME (F.I.) (M.I.) (LAST)				
5. EFFECTIVE DATE	6. ACTION TYPE				
	<input type="checkbox"/> NEW <input type="checkbox"/> MODIFICATION OR CORRECTION OF ITEM <input type="checkbox"/> CANCELLATION OF GARNISHMENT				
7. PAY FREQUENCY		ORIGINAL EFFECTIVE DATE			
<input 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)		
\$ (Deduction Amount per Pay Period)		
<input type="checkbox"/> DEDUCTION AMOUNT CHANGED FROM \$ (Must be completed if changing 8A)		

B. (339/001) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES LUMP SUM (CCP Section 706.030, 706.052, and 706.070 et seq.) (including <b>FTB</b> Child Support Collection Program, Revenue & Taxation Code 19271)	9. TOTAL GARNISHMENT AMOUNT
	\$

C. (339/002) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR SUPPORT - ARREARAGES (CCP Section 706.030, 706.052, and 706.070 et seq.) (including <b>FTB</b> Child Support Collection Program, Revenue & Taxation Code 19271)	\$
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D. (339/003) <input type="checkbox"/> CERTIFICATION OF FACTS-- FEDERAL TAX LEVY (GC 926.8)	(1) NUMBER OF DEPENDENTS	(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
			\$

E. (339/004) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER FOR STATE TAXES (CCP 706.072); <b>FTB</b> REGISTRATION COLLECTION PROGRAM (Revenue & Taxation Code 10878); <b>FTB</b> STUDENT LOAN COLLECTIONS (GC 16583.5); BOARD OF EQUALIZATION FOR TAXES (CCP 706.074); UNEMPLOYMENT INSURANCE (UI Code 1755); <b>FTB</b> COURT-ORDERED DEBT COLLECTIONS (Revenue & Taxation Code 19280)	\$
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F. (339/007) <input type="checkbox"/> EARNINGS WITHHOLDING ORDER (CCP 706.125):	\$
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G. (339/008) <input type="checkbox"/> Federally Guaranteed Student Loan (Higher Education Act of 1965: 20 USCA Section 1095a.)	\$
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10. <input type="checkbox"/> 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 8C, 8D, 8E, 8F, and 8G.)	
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A. <input type="checkbox"/> TERMINATION DATE OF EARNINGS WITHHOLDING ORDER (NOT APPLICABLE TO 8E)	
B. <input type="checkbox"/> MAXIMUM GARNISHMENT AMOUNT DEDUCTIBLE PER MONTH (If 11B is used for 8D, copy of IRS Form 668D must be attached.)	\$
C. <input type="checkbox"/> SUPPORT EXEMPTION AMOUNT	\$
D. <input type="checkbox"/> SPECIFIC AMOUNT TO BE DEDUCTED PER MONTH (If 11D is used for 8D, copy of IRS Form 668D must be attached.)	\$

12. WARRANT TO BE MADE PAYABLE TO	Must be completed	Levying Officer File Number / Case Number
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Enter Levying Officer File Number for warrants payable to Sheriff's Office or Marshall's Departments (8C and 8F above). All others, enter Case Number.

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

13. REMARKS

14. FORM COMPLETED BY	TELEPHONE NUMBER AND EXTENSION	15. PAYROLL INFORMATION CERTIFIED IN ACCORDANCE WITH B/C RULE 633.7
		AUTHORIZED SIGNATURE DATE
		EMAIL ADDRESS