

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR STATE TAX AGENCY:	STATE BAR NO.: STATE: ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
APPLICATION OF ( <i>Name</i> ):	TAXPAYER / RESPONDENT	
<b>EARNINGS WITHHOLDING ORDER FOR TAXES</b>		CASE NUMBER:
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:	

1. The State's *Application for Earnings Withholding Order for Taxes* came on for hearing on

(date):  in  Dept.:  Div.:  Room:  
before (*name of judicial officer*):

2. a.  Attorney for state tax agency present in court (*attorney name*).  
 b.  Taxpayer present in court.  
 c.  Attorney for taxpayer present in court (*attorney name*).  
 3. The court has considered  the taxpayer's *Claim of Exemption and Financial Declaration* (form WG-026)  
 the evidence presented  the parties' stipulation.

**4. THE COURT FINDS**

- a. The taxpayer (employee) is entitled to a monthly exemption of: \$  
 b. The taxpayer is employed by (*name and address of employer*):

c.  \$ has been withheld from the employee's earnings under a *Temporary Earnings Withholding Order for Taxes*.

**5. THE COURT ORDERS the employer to**

- a. withhold and pay to the state tax agency: \$ from the employee's disposable earnings each month.  
 b. pay to the employee any disposable earnings above that amount, not to exceed: \$ per month.  
 c. WITHHOLD AND PAY TO THE STATE TAX AGENCY ANY DISPOSABLE EARNINGS ABOVE THOSE SET FORTH IN ITEMS 4a AND 4b.  
 d. begin withholding with the first pay period that ends on or after the 30th day after this order is served.  
 e. continue withholding until the tax liability has been satisfied unless an order with higher priority is received.  
 f. send all sums withheld to the state tax agency within 10 days after the last paycheck of each month.  
 g.  other (*specify*):

Date:

JUDICIAL OFFICER

(Instructions to employer on page 2 of this form)

Page 1 of 2

APPLICATION OF (Name):	CASE NUMBER:
TAXPAYER / RESPONDENT	

### INSTRUCTIONS TO EMPLOYER

- A. When remitting withheld sums to the state tax agency, include the employee's name and social security number, and the tax agency number.

**B. PRIORITY OF EARNINGS WITHHOLDING ORDERS**

**First:** Order Assigning Salary or Wages

**Second:** Earnings Withholding Order for Support

**Third:** Earnings Withholding Order for Taxes

**Fourth:** Earnings Withholding Order