

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO: FAX NO.:		
ATTORNEY FOR STATE TAXPAYER/RESPONDENT:		
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
APPLICATION OF (Name): TAXPAYER/RESPONDENT		
CLAIM OF EXEMPTION AND FINANCIAL DECLARATION		CASE NUMBER:
NAME OF STATE TAX AGENCY:		TAX AGENCY NUMBER:

(Copy the information required above from the Application for Earnings Withholding Order for Taxes (form WG-020). The top left space is for your or your attorney's name and address.)

1. I need the following earnings to support myself or my family (check and complete item a or b):
 - a. All earnings.
 - b. \$ _____ each pay period.
2. Please send all papers to me my attorney at the address shown above following (specify):

3. In addition to the 25 percent minimum withholding, I am willing for the following amount to be withheld from my earnings during the withholding period:
 - a. None
 - b. Withhold: \$ _____ each pay period.
4. a. I am paid daily weekly every two weeks twice a month monthly.
 b. My gross pay is: \$ _____ per pay period.
 c. My take-home pay is: \$ _____ per pay period.
 d. My payroll deductions are (item and amount):

5. The following persons depend, in whole or in part, on me for support:

	<u>Name</u>	<u>Age</u>	<u>Relationship to me</u>	<u>Monthly income and its source</u>
a.			Myself	
b.				
c.				
d.				
e.				
6. The earnings of others listed in item 5 are now subject to wage assignments and Earnings Withholding Orders as follows (specify):

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

7. My monthly expenses are as follows:

- a. Rent or house payment and maintenance \$
- b. Food and household supplies \$
- c. Utilities and telephone \$
- d. Clothing \$
- e. Laundry and cleaning \$
- f. Medical and dental payments \$
- g. Insurance (life, health, accident, etc.) \$
- h. School, child care \$
- i. Child, spousal support
(prior marriage) \$

- j. Entertainment and incidentals \$
- k. Transportation and auto expenses (insurance, gas, repair) \$
- l. Installment payments (*insert total and list below in item 8*) \$
- m. Other (specify): \$

TOTAL MONTHLY EXPENSES
(add a through m) \$

8. List payments on installment and other debts.

Continued on Attachment 8.

Creditor's name	For	Monthly payment	Balance

9. What do you own? (State value.)

a. Cash \$

d. Real estate equity (addresses): . . . \$

b. Checking, savings and credit union accounts, etc. (*list institutions*):

(1) _____ \$
 (2) _____ \$
 (3) _____ \$
 (4) _____ \$

e. Other personal property (*jewelry, furniture, furs, stocks and bonds, etc.*
List separately):

c. Cars, other vehicles, and boat equity
(*list make, year of each*):

(1) _____ \$
 (2) _____ \$
 (3) _____ \$

Total for item e: . . . \$

10. An Order Assigning Salary and Wages (for support) is now in effect as to my earnings. The amount payable under that order is: \$ monthly.

11. Other facts that support this *Claim of Exemption* are (*describe unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget*): Continued on Attachment 11.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF TAXPAYER)

File this form with the clerk of the court and mail a copy to the tax agency as soon as possible. Keep a copy and take it with you to the court hearing. If you wish to obtain the advice of an attorney, you should do so at once.