

REQUEST FOR REFUND
FLORIDA DEPARTMENT OF REVENUE
Office of Workforce Management

Date: _____

Employee: _____

Social Security Number: _____ - _____ - _____

Company: _____

Deduction Code: _____ Group Number _____

Pay Period Ending: _____/_____/_____

Additional Pay Periods: _____

Total Refund: \$ _____

Check Payable to: _____

Mail To: Anne Marie Hough
Florida Department of Revenue
Office of Workforce Management
PO Box 10410
Tallahassee, FLORIDA 32302
Phone: (850) 717-6432, Email: HoughA@dor.state.fl.us

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Comments: