

MISCELLANEOUS DEDUCTION PAYMENT
FLORIDA DEPARTMENT OF ELDER AFFAIRS

Date: _____

Company: _____

Deduction Code: _____

Employee: _____

Social Security Number: _____ - _____ - _____

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Comments:

Contact: TAYLOR BROWNELL
501 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32399-2500
Phone: (850) 717-3223, Email: posttaxbenefits@elderaffairs.org

