

REQUEST FOR REFUND
FLORIDA DEPARTMENT OF ELDER AFFAIRS

Date: _____

Employee: _____

Social Security Number: _____ - _____ - _____

Company: _____

Deduction Code: _____ Group Number _____

Pay Period Ending: _____/_____/_____

Additional Pay Periods: _____

Total Refund: \$ _____

Check Payable to: _____

Mail To: Taylor Brownell
South Calhoun Street
Tallahassee, FL 32399-2500
Phone: (850) 717-3223, Email: posttaxbenefits@elderaffairs.org

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Comments:

