



Local Government User of Diesel Fuel Tax Return

For Calendar Year:

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Rule 12B-5.150 Florida Administrative Code Effective 01/13

Handwritten Example and Typed Example boxes with numbers 0-9 and 'Use black ink.' instruction.

IMPORTANT Complete and return coupon to the Department of Revenue.

COMPLETE FORM DR-309634 BEFORE ENTERING INFORMATION ON THE ATTACHED COUPON.

Mail the original of this form along with coupon to the: Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0165

Detach here

Detach here

Local Government User of Diesel Fuel Tax Return Coupon

For Calendar Year:

DR-309634 R. 01/13

COMPLETE and MAIL with your RETURN/PAYMENT. Please write your Federal Employer Identification Number (FEIN) on check. Be sure to SIGN YOUR CHECK. Make check payable to: Florida Department of Revenue

Mail To: Florida Department of Revenue 5050 W Tennessee St Tallahassee FL 32399-0165

FEIN input boxes

DOR USE ONLY POSTMARK OR HAND-DELIVERY DATE input boxes

ENTER BUSINESS NAME:

Name Address City/St/ZIP

AMOUNT DUE FROM LINE 17 IF CREDIT DUE ENTER 0 US Dollars Cents input boxes

FOR COLLECTION PERIOD ENDING M M D D Y Y input boxes

DR-309634

Do Not Write in the Space Below.

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Mail To:
 Florida Department of Revenue
 5050 W Tennessee St
 Tallahassee FL 32399-0165

**Local Government User of
 Diesel Fuel Tax Return**

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For Calendar Year:

Check here if filing a supplemental return

FEIN:

License Number:

Collection Period Ending:

Return Due By

Late After

Complete Reverse Side of Return First

11. Diesel fuel tax due: (Page 4, Part II, Line 7, Columns E plus G plus I) 11. _____

CREDITS

12a. Diesel fuel tax credit: (Page 4, Part II, Line 10,
 Columns D plus F plus H) 12a. _____

12b. Gasoline tax credit: (Page 4, Part I, Line 8) 12b. _____

13. Combined credits: (Line 12a plus Line 12b) 13. _____

14. Net tax due: (Line 11 minus Line 13) 14. _____

15. Penalty: 15. _____

16. Interest: 16. _____

17. Total due with return: 17. _____

18. Amount to be refunded: 18. _____

Check here if you have electronically transmitted funds

Under penalty of perjury, I declare that I have read this return and the facts stated in it are true.

 Signature of Preparer

 Title

 Date

 Contact Person (Please Print)

 Telephone Number



Part I - Gasoline

	A. Municipality	B. County	C. School District
1. Beginning physical inventory:			
2. Receipts:			
3. Disbursements:			
a. Off-highway use *			
b. Sales to other local government users*			
c. On-highway use			
4. Gain or loss:			
5. Ending physical inventory:			
6. A. Gallons entitled to credit: (Line 3c minus gain from Line 4)			
B. Credit rate:			
7. Gasoline credit: (Line 6A times Line 6B)			
8. Total gasoline credit: (Line 7, add Columns A, B, and C. Carry to Page 3, Line 12b)			

* does not qualify for credit

Part II - Diesel

	Municipality		County		School District	
	D. Undyed	E. Dyed	F. Undyed	G. Dyed	H. Undyed	I. Dyed
1. Beginning physical inventory:						
2. Receipts:						
3. Disbursements:						
a. Off-highway use						
b. Sales to other government users*						
c. On-highway use						
4. Gain or loss:						
5. Ending physical inventory:						
6. A. Taxable gallons (Line 3c only):						
B. Tax rate						
7. Tax due: (Line 6A times Line 6B)						
8. Credit calculation: (Line 3A times) .						
9. Credit calculation: (Line 3C minus Line 4 gain times)						
10. Diesel fuel credit (Line 8 plus Line 9)						

* does not qualify for credit

