



Local Government User of Diesel Fuel Tax Return

For Calendar Year:

DR-309634
R. 01/14
Page 1
TC
Rule 12B-5.150
Florida Administrative Code
Effective 01/14

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

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

Local Government User of Diesel Fuel Tax Return Coupon

DR-309634
R. 01/14

For Calendar Year:

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

FEIN [] [] [] [] [] [] [] [] [] []

ENTER BUSINESS NAME:

Name
Address
City/St/ZIP

AMOUNT DUE FROM LINE 17 IF CREDIT DUE ENTER 0 [] [] [] , [] [] [] , [] [] [] . [] []
US Dollars | Cents

FOR COLLECTION PERIOD ENDING [M] [M] [D] [D] [Y] [Y]

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**

DR-309634
R. 01/14
Page 3

For Calendar Year:

Check here if filing a supplemental return

FEIN:

License Number:

Collection Period Ending:

DOR USE ONLY
[] [] / [] [] / [] []
POSTMARK OR HAND-DELIVERY DATE

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*			
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. Tax Paid	E. Tax Unpaid	F. Tax Paid	G. Tax Unpaid	H. Tax Paid	I. Tax Unpaid
1. Beginning physical inventory:						
2. Receipts:						
3. Disbursements:						
a. Off-highway use						
b. Sales*						
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

