



DRAFT

Exporter Fuel Tax Return

For Calendar Year:

DR-309638  
R. XX/XX  
Rule 12B-5.150, F.A.C.  
Effective XX/XX  
Page 1 of 6  
Florida Administrative Code  
Effective 01/14

Handwritten Example  
0 1 2 3 4 5 6 7 8 9  
Use black ink.

Typed Example  
0 1 2 3 4 5 6 7 8 9

**IMPORTANT**  
**Complete and return**  
**coupon to the Department**  
**of Revenue.**

Complete Form  
Before Entering Information  
on the Attached Coupon.

~~**COMPLETE FORM DR-309638**~~  
~~**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

Exporter Fuel Tax Return Coupon

For Calendar Year:

COMPLETE and MAIL with your RETURN

DR-309638  
R. XX/XX  
R. 01/14

FEIN

ENTER BUSINESS NAME:

Name  
Address  
City/St/ZIP

FOR COLLECTION  
PERIOD ENDING

M M D D Y Y

**DR-309638**

Do Not Write in the Space Below.

This page intentionally left blank.

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

**Exporter  
Fuel Tax Return**

For Calendar Year:

DR-309638  
**R. XX/XX** ~~R. 01/14~~  
**Page 3 of 6** ~~Page 3~~

☐ 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**

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

|                       |       |      |
|-----------------------|-------|------|
| Signature of Exporter | Title | Date |
|-----------------------|-------|------|

|                          |                       |                  |      |      |
|--------------------------|-----------------------|------------------|------|------|
| Name of Preparer (Print) | Signature of Preparer | Telephone Number | FEIN | Date |
|--------------------------|-----------------------|------------------|------|------|



|              |      |                                        |
|--------------|------|----------------------------------------|
| Company Name | FEIN | Collection Period Ending<br>(mm/dd/yy) |
|--------------|------|----------------------------------------|

**GALLONS**

|                                                                                        | DIESEL      |           |         |                        |
|----------------------------------------------------------------------------------------|-------------|-----------|---------|------------------------|
|                                                                                        | A. Gasoline | B. Undyed | C. Dyed | <del>D. Aviation</del> |
| 1. Gallons exported - Florida tax paid.<br>(Schedule 1A): .....                        |             |           |         |                        |
| 2. Gallons exported - other state tax paid to<br>Florida supplier (Schedule 1B): ..... |             |           |         |                        |
| 3. Gallons exported - tax unpaid.<br>(Schedule 1C): .....                              |             |           |         |                        |



Check here if filing a supplemental schedule

| Schedule/Product Type | Company Name | FEIN | Collection Period Ending<br>(mm/dd/yy) |
|-----------------------|--------------|------|----------------------------------------|
|-----------------------|--------------|------|----------------------------------------|

**Product Type:**

|     |                                                              |
|-----|--------------------------------------------------------------|
| 1A. | Gallons Received/Exported - Florida Tax Paid                 |
| 1B. | Gallons Received/Exported - Other State Tax Paid             |
| 1C. | Gallons Received/Exported - Florida Tax Unpaid (Dyed Diesel) |

|                                  |                                                       |                                                                   |
|----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 005 Gasoline                     | 167 Low Sulfur Diesel #2/<br>Undyed/Blended Biodiesel | B00 Undyed/Unblended Biodiesel<br>(B100)                          |
| <del>072-Dyed Kerosene</del>     |                                                       |                                                                   |
| 124 Gasohol                      | (B20, B10, B5, B2)                                    | D00 Dyed Biodiesel (B100)                                         |
| <del>125-Aviation Gasoline</del> | 226 High Sulfur Diesel Fuel -<br>Dyed                 | E00 Denatured Ethanol (gasoline<br>content equals 1.97% to 2.49%) |
| <del>130-Jet Fuel</del>          |                                                       |                                                                   |
| <del>142-Undyed Kerosene</del>   | 227 Low Sulfur Diesel Fuel -<br>Dyed                  |                                                                   |

| (1)<br>Carrier's Name | (2)<br>Carrier's FEIN | (3)<br>Mode | (4)<br>Point of |             | Acquired From        |                      | (7)<br>Date Received | (8)<br>Document Number | (9)<br>Net Gallons | (10)<br>Gross Gallons | (11)<br>Billed Gallons |
|-----------------------|-----------------------|-------------|-----------------|-------------|----------------------|----------------------|----------------------|------------------------|--------------------|-----------------------|------------------------|
|                       |                       |             | Origin          | Destination | (5)<br>Seller's Name | (6)<br>Seller's FEIN |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
|                       |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |
| Subtotal              |                       |             |                 |             |                      |                      |                      |                        |                    |                       |                        |

[illegible]