Effective 01/12

Rule 12B-5.150 Florida Administrative Code



Handwritten Example Typed Example

| 0 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

Use black ink.

IMPORTANT

Complete and return coupon to the Department of Revenue.

COMPLETE FORM DR-309633 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	Detach	
	here	here	
Mail To: Florida Departme 5050 W Tennesse		Mass Transit System Provider Fuel Tax Return Coupon	DR-309633 R. 01/12
Tallahassee FL 32	Т	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 POSTMARK OR HAND-DELIVERY DATE	L
ENTER BUSINE	ESS NAME:		
Name Address	_	AMOUNT DUE FROM LINE 15 IF CREDIT DUE ENTER 0	Cents
City/St/ZIP		FOR COLLECTION M M D D Y Y	
	_	DR-309633	

Do Not Write in the Space Below.

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Mass Transit System Provider Fuel Tax Return

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	Check here if filing a supplemental return
FEI	N:
Lice	ense Number:
Col	lection Period Ending:

Return Due By

Complete Reverse Side of Return First

Late After

	Person (Please Print)		Telephone Number
Signatu	re of preparer	Title	Date
has b	penalty of perjury, I swear or affirm that this return, including een examined by me, is true and correct for the period stated he regulations issued under authority thereof.		•
		Check here if you have electron	onically transmitted funds
16.	Amount to be refunded:	16	
15.	Total due with return:	15	
14.	Interest: (Market rate - see instructions)	14	
13.	Penalty: (10% - see instructions)	13	
12.	Net tax due: (Line 9 minus Line 11)	12	
11.	Combined credits: (Line 10a plus Line 10b)	11	
10b.	Gasoline tax credit: (Page 4, Part I, Line 7, Column A)	10b	
10a.	Diesel fuel tax credit: (Page 4, Part II, Line 8, Column B)	10a	
	CREDITS		
9.	Diesel fuel tax due: (Page 4, Part II, Line 7, Column C)	9	



Company Name	FEIN	Collection Period Ending (mm/dd/yy)
		`

Rate 1: Tax entitled to credit/refund for mass transit use is	per gallon.	
Part I - Gasoline	A. Mass	Transit
Beginning physical inventory:		
2. Receipts:		
3. Disbursements/Use:		
a. Off-highway use (does not qualify for credit)		
b. To other local government users (does not qualify for credit)		
c. On-highway use		
4. Gain or loss:		
5. Ending physical inventory:		
6. Gallons entitled to credit: (Line 3c minus Line 4 gain)		
7. Gasoline credit: (Carry to Page 3, Line 10b)		
Crodit dalodiation (riate 1 (from above) times Line 0 = Line 1)	Mass -	Transit
Part II - Diesel	B. Undyed Diesel	C. Dyed Diesel
Beginning physical inventory:		
2. Receipts:		
3. Disbursements/Use:		
a. Off-highway use (does not qualify for credit)		
b. To other local government users (does not qualify for credit)		
c. On-highway use		
4. Gain or loss:		
5. Ending physical inventory:		
6. Taxable gallons (Line 3c only):		
7. Tax due (Carry to Page 3, Line 9) Tax Rate Calculation: (Line 6 times .050 = Line 7)		
8. Diesel fuel credit (Carry to Page 3, Line 10a) Credit Calculation: (Line 3c minus Line 4 gain times .255 = Line 8)		



	Check here if filing a supplemental schedule
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Scheaule of Receipt	s — Mass Iransit		
Schedule Type/Product Type	Company Name	FEIN	Collection Period Ending

Schedule Types: **Product Types:** 065 Gasoline 142 Undyed Kerosene 226 High Sulphur Diesel Fuel -B00 Undyed/Unblended 1A. Gallons Received Tax - Paid 072 Dyed Kerosene 167 Low Sulphur Diesel #2/ Dyed Biodiesel (B100) 124 Gasohol 2A. Gallons Received Tax - Unpaid Undyed/Blended Biodiesel 227 Low Sulphur Diesel Fuel -D00 Dyed Biodiesel (B100) 125 Aviation Gasoline (B20, B10, B5, B2) Dyed 130 Jet Fuel

(1) Name of Supplier	(2) Supplier's FEIN/DEPN*	(3) Date Received	(4) Invoice Number	(5) Gallons Received
Department of Environmental Pr	otootion Number (DEDNI)		Subtotal	

^{*} Department of Environmental Protection Number (DEPN)



Schedule of Receipts — Mass Transit (continued)

Schedule Type/Product Type	Company Name	,	FEIN	Collection Period Ending
				(mm/dd/yy)

(1) Name of Supplier	(2) Supplier's FEIN/DEPN	(3) Date Received	(4) Invoice Number	(5) Gallons Received
			_	
			Total	