



Mass Transit System Provider Fuel Tax Return

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-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 here

Detach here

Mass Transit System Provider Fuel Tax Return Coupon

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 input fields

AMOUNT DUE FROM LINE 15 IF CREDIT DUE ENTER 0 input boxes for US Dollars and Cents

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

DR-309633

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

**Mass Transit System
 Provider Fuel Tax Return**

**DR-309633
 R. 01/12
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Check here if filing a supplemental return

FEIN:

License Number:

Collection Period Ending:

Return Due By

Late After

Complete Reverse Side of Return First

9. Diesel fuel tax due: (Page 4, Part II, Line 7, Column C) 9. _____

CREDITS

10a. Diesel fuel tax credit: (Page 4, Part II, Line 8, Column B) 10a. _____

10b. Gasoline tax credit: (Page 4, Part I, Line 7, Column A) 10b. _____

11. Combined credits: (Line 10a plus Line 10b) 11. _____

12. Net tax due: (Line 9 minus Line 11) 12. _____

13. Penalty: (10% - see instructions) 13. _____

14. Interest: (Market rate - see instructions) 14. _____

15. Total due with return: 15. _____

16. Amount to be refunded: 16. _____

Check here if you have electronically transmitted funds

Under penalty of perjury, I swear or affirm that this return, including accompanying supporting schedules of receipts and disbursements, has been examined by me, is true and correct for the period stated, and is made in good faith pursuant to Chapter 206, Florida Statutes and the regulations issued under authority thereof.

 Signature of preparer

 Title

 Date

 Contact Person (Please Print)

 Telephone Number

