



Mass Transit System Provider Fuel Tax Return

DR-309633
R. 01/13
Page 1
TC
Rule 12B-5.150
Florida Administrative Code
Effective 01/13

For Calendar Year:

Handwritten Example and Typed Example boxes for digits 0-9 with '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

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

Mass Transit System Provider Fuel Tax Return Coupon

DR-309633
R. 01/13

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 input boxes

ENTER BUSINESS NAME:

Name
Address
City/St/ZIP

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

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

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

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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

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: 13.

14. Interest: 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 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

