



Mass Transit System Provider Fuel Tax Return

For Calendar Year:

DR-309633 R. 01/13 Page 1

Rule 12B-5.150 Florida Administrative Code Effective 01/13

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

For Calendar Year:

DR-309633 R. 01/13

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

DOR USE ONLY POSTMARK OR HAND-DELIVERY DATE box

FEIN input box

ENTER BUSINESS NAME:

Name Address City/St/ZIP

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

FOR COLLECTION PERIOD ENDING MMDDYY

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. 01/13
 Page 3

For Calendar Year:

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: 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



Check here if filing a supplemental schedule

DR-309633
R. 01/13
Page 5

Schedule of Receipts – Mass Transit

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

Product Types:

1A. Gallons Received - Tax Paid	065 Gasoline	226 High Sulfur Diesel Fuel - Dyed	B00 Undyed/Unblended Biodiesel (B100)
2A. Gallons Received - Tax Unpaid	124 Gasohol	227 Low Sulfur Diesel Fuel - Dyed	D00 Dyed Biodiesel (B100)
	167 Low Sulfur Diesel #2/ Undyed/Blended Biodiesel (B20, B10, B5, B2)		

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