## Mass Transit System Provider Fuel Tax Return

For Calendar Year:

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



## **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

Det	ach Detach	
he	re here	-
Mail To: Florida Department of Re	Mass Transit System Provider Fuel Tax Return Coupon  DR-30963	33
5050 W Tennessee St	For Calendar Year: R. 01/1	3
Tallahassee FL 32399-016	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	POSTMARK OR HAND-DELIVERY DATE	
ENTER BUSINESS NA	ME:	
Name Address	AMOUNT DUE FROM LINE 15 IF CREDIT DUE ENTER 0	
City/St/ZIP	FOR COLLECTION M M D D Y Y	
	DR-309633	

Do Not Write in the Space Below.

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Contact Person (Please Print)

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

## Mass Transit System Provider Fuel Tax Return

For Calendar Year:

DR-3	0963	33
R.	01/1	3
P	age	3

Telephone Number

OF REVI	NUE	
		Check here if filing a supplemental return
		FEIN:
		License Number:
		Collection Period Ending:
Retu	rn Due By  Late After	
	Complete Reverse Side of Return Fire	st
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)	
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 y	ou have electronically transmitted funds
Under	penalty of perjury, I declare that I have read this return and the facts stated in it are true.	
	e of preparer Title	



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)		
Credit calculation (Rate 1 (from above) times Line 6 = Line 7)	Mass 1	
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:		
Taxable gallons (Line 3c only):      Tax due (Carry to Page 3, Line 9)		
Tax Rate Calculation: (Line 6 times = Line 7)		
<ul><li>8. Diesel fuel credit (Carry to Page 3, Line 10a)</li><li>Credit Calculation: (Line 3c minus Line 4 gain times = Line 8)</li></ul>		



1A. Gallons Received - Tax Paid

2A. Gallons Received - Tax Unpaid

124 Gasohol

167 Low Sulfur Diesel #2/

	Check here if filing a supplemental schedule
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227 Low Sulfur Diesel Fuel - Dyed

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Biodiesel (B100)

D00 Dyed Biodiesel (B100)

Subtotal

Schedule of Receipts — Mass Transit				
Schedule Type/Product Type	Company Name	FEIN	Collection Period Ending (mm/dd/yy)	

Schedule Type/Troduct Type	Company Name		TEN	(mm/dd/yy)
Schedule Types:	Product Types:			
14 0 11 5 1 7	065 Gasoline	226 High Sulfur Diesel Fuel - Dyed	B00 Undyed/	'Unblended

Undyed/Blended Biodiesel (B20, B10, B5, B2) (1) (3) (4) (2) (5) Name of Supplier Supplier's FEIN/DEPN\* Date Received Gallons Received Invoice Number

<sup>\*</sup> 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
			T-1-1	
			Total	