



Mass Transit System Provider Fuel Tax Return

DR-309633
R. 01/13
Page 1

For Calendar Year:

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

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

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.

**This page intentionally left blank.**



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:

**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







Schedule of Receipts — Mass Transit (continued)

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

| (1)<br>Name of Supplier | (2)<br>Supplier's FEIN/DEPN | (3)<br>Date Received | (4)<br>Invoice Number | (5)<br>Gallons Received |
|-------------------------|-----------------------------|----------------------|-----------------------|-------------------------|
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |

Total