Mass Transit System Provider Fuel Tax Return

For Calendar Year:

DR-309633 R. 01/13 Page 1 Florida Administrative Code

Effective 01/13

Handwritten Example Typed Example 0 1 2 3 4 5 6 7 8 9 0123456789

# **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

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

Detach		Detach
here		here
lail To: lorida Department of Revenue	Mass Transit System Provider Fuel Tax Return Coupon	DR-309
050 W Tennessee St allahassee FL 32399-0165	For Calendar Year: COMPLETE and MAIL with your RETURN/PAYMENT.	R. 0
т	Please write your Federal Employer Identification Number (FEIN) on check. Be sure to SIGN YOUR CHECK.	_

9633 1/13

Cents

Make check payable to: Florida Department of Revenue

**ENTER BUSINESS NAME:** 

Name **Address** City/St/ZIP

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

FOR COLLECTION **PERIOD ENDING** 



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	N:
Lice	nse Number:
Coll	ection Period Ending:
	DOR USE ONLY  POSTMARK OR HAND-DELIVERY DATE

Return Due By

Late After

### **Complete Reverse Side of Return First**

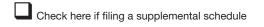
9.	Diesel fuel tax due: (Page 4, Part II, Line 7, Column C)	9	
	CREDITS		
10a.	Diesel fuel tax credit: (Page 4, Part II, Line 8, Column B) 10a.		
10b.	Gasoline tax credit: (Page 4, Part I, Line 7, Column A)		
11.	Combined credits: (Line 10a plus Line 10b)	11	
12.	Net tax due: (Line 9 minus Line 11)	12	
13.	Penalty:	13	
14.	Interest:	14	
15.	Total due with return:	15	
16.	Amount to be refunded:	16	
	Check here if you	have electronic	cally transmitted funds
Under	penalty of perjury, I declare that I have read this return and the facts stated in it are true.		
Signatu	e of preparer Title		Date
Contact	Person (Please Print)		Telephone Number



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





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#### Schedule of Receipts — Mass Transit

Schedule Type/Product Type Company	<sup>,</sup> Name		FEIN	Collection Period Ending (mm/dd/yy)
Schedule Types:	Product Types:			•
1A. Gallons Received - Tax Paid 2A. Gallons Received - Tax Unpaid	065 Gasoline 124 Gasohol 167 Low Sulfur Diesel #2/ Undyed/Blended Biodiesel (B20, B10, B5, B2)	226 High Sulfur Diesel Fuel - Dyec 227 Low Sulfur Diesel Fuel - Dyed	Biodies	/Unblended el (B100) odiesel (B100)

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

<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			

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