



Mass Transit System Provider Fuel Tax Return

For Calendar Year: 2019

Handwritten Example

Typed Example

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

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
505 W Tennessee St
Tallahassee FL 32399-0165

Detach here

Detach

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

Mass Transit System Provider Fuel Tax Return Coupon

For Calendar Year: 20

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

FEIN input boxes

ENTER BUSINESS NAME:

Name
Address
City/St/ZIP

Business name input area

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

FOR COLLECTION PERIOD ENDING
M M D D Y Y

DR-309633

Do Not Write in the Space Below.

FLORIDA
This page intentionally left blank.
SAMPLE

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

**Mass Transit System
Provider Fuel Tax Return**

For Calendar Year: 2019



9200020199990093027031030000000100002

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 A.

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 _____



Company Name	FEIN	Collection Period Ending (mm/dd/yy)
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Rate 1: Tax entitled to credit/refund for mass transit use is per gallon.

Part I - Gasoline

	A. Mass Transit
1. 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)	

Part II - Diesel

	Mass Transit	
	Undyed Diesel	Dyed Diesel
1. 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. Taxable gallons (Line 3c only):		
7. Tax due (Carry to Page 3, Line 9)		
Tax Rate Calculation: (Line 6 times .05 = Line 7)		
8. Diesel fuel credit (Carry to Page 3, Line 10a)		
Credit Calculation: (Line 3c minus Line 4 gain times .279 = Line 8)		



Check here if filing a supplemental schedule

Schedule of Receipts — Mass Transit

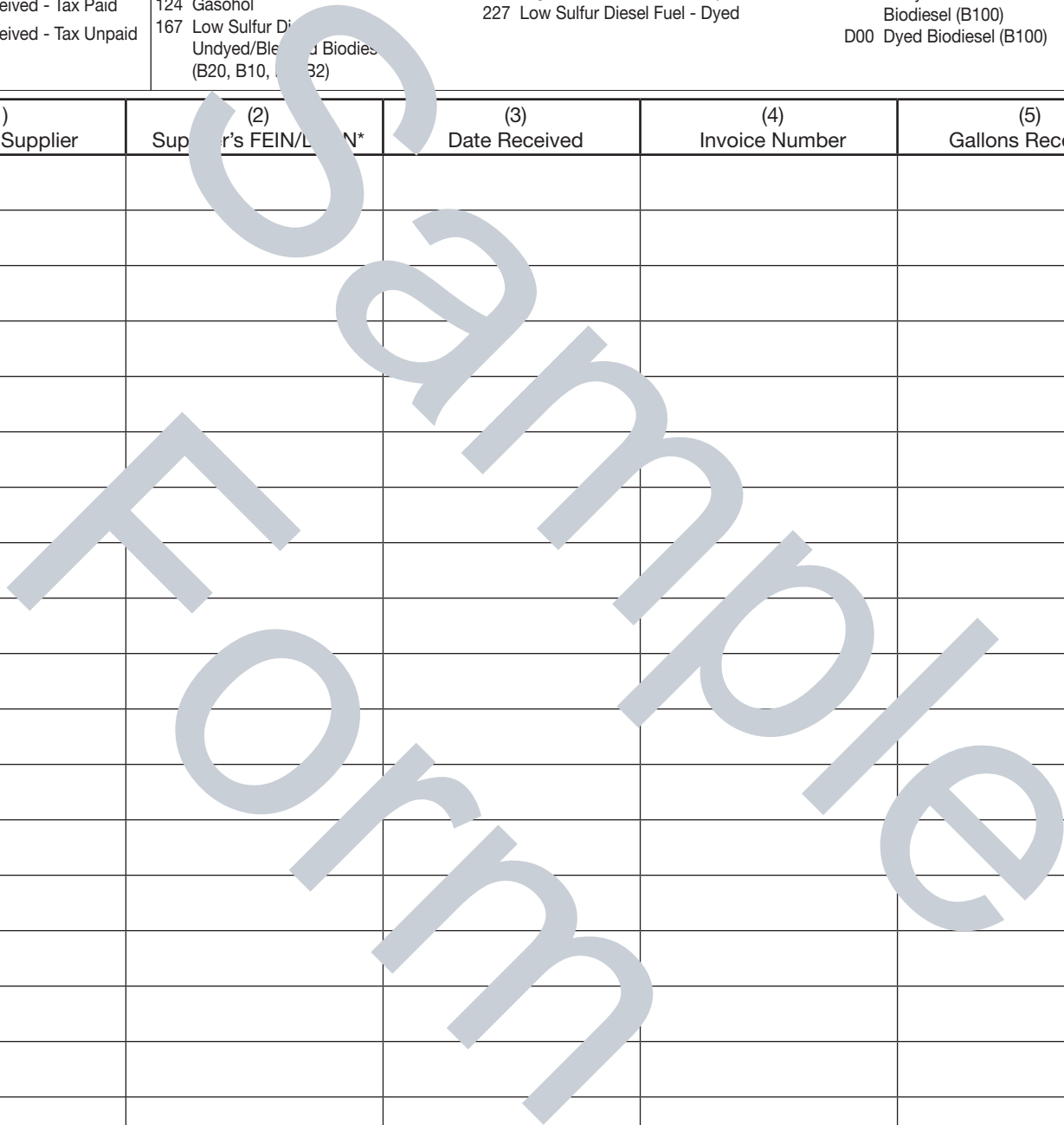
Schedule Type/Product Type	Company Name	FEIN	Collection Period Ending (mm/dd/yy)

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 Fuel - Undyed/Blended Biodiesel (B20, B10, B5, B32)		

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



* Department of Environmental Protection Number (DEPN)

Subtotal

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