



Mass Transit System Provider Fuel Tax Return

For Calendar Year: 2020

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

For Calendar Year: 2020

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 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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 [ M ] [ M ] [ D ] [ D ] [ Y ] [ Y ]

DR-309633

Do Not Write in the Space Below.

FLORIDA  
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REVENUE

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

**Mass Transit System  
Provider Fuel Tax Return**

For Calendar Year: 2020



92000202099990093027031630000000100002

Check here if filing a supplemental return

FEIN:

License Number:

Collection Period Ending:

**DOR USE ONLY**

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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 \_\_\_\_\_





