



Mass Transit System Provider Fuel Tax Return

For Calendar Year: 2017

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
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: 2017

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.

9200 0 20179999 0093027031 6 3000000001 0000 2

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: 2017



92000201799990093027031630000000100002

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



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
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	
	B. Undyed Diesel	C. 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 .268 = Line 8)		



Check here if filing a supplemental schedule

Schedule of Receipts — Mass Transit

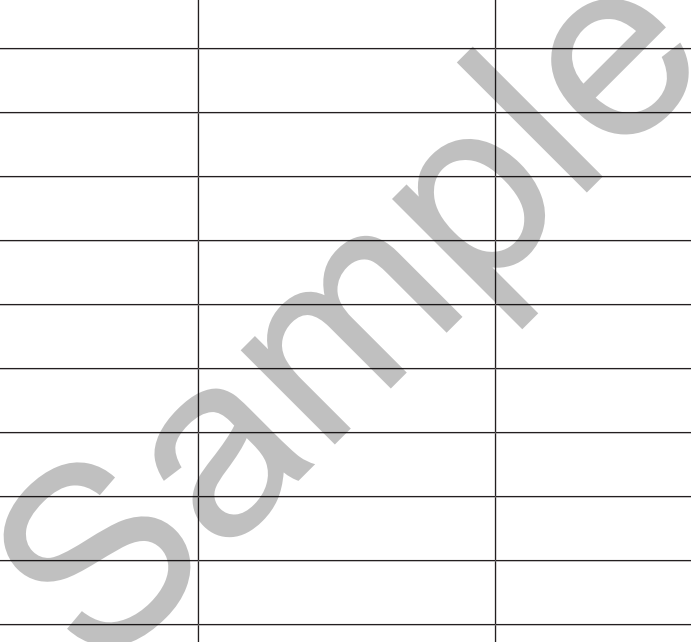
Schedule Type/Product Type	Company Name	FEIN	Collection Period Ending (mm/dd/yy)
----------------------------	--------------	------	-------------------------------------

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 #2/ Undyed/Blended Biodiesel (B20, B10, B5, B2)		

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



Subtotal	
-----------------	--

* 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
Total				