



Mass Transit System Provider Fuel Tax Return

For Calendar Year: 2021

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

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  
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: 2021



92000202199990093027031330000000100002

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<br>(mm/dd/yy) |
|--------------|------|--|

**Rate 1: Tax entitled to credit/refund for mass transit use is per gallon.**

**Part I - Gasoline**

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)

| A. Mass Transit |  |
|-----------------|--|
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |
|                 |  |

**Part II - 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 .285 = Line 8) .....

| Mass Transit     |                |
|------------------|----------------|
| B. Undyed Diesel | C. Dyed Diesel |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |
|                  |                |



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) |
|----------------------------|--------------|------|-------------------------------------|

|                                   |  |                                    |                                       |
|-----------------------------------|--|------------------------------------|---------------------------------------|
| <b>Schedule Types:</b>            | <b>Product Types:</b>  |                                    |                                       |
| 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)<br>Name of Supplier | (2)<br>Supplier's FEIN/DEPN* | (3)<br>Date Received | (4)<br>Invoice Number | (5)<br>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)<br>Name of Supplier | (2)<br>Supplier's FEIN/DEPN | (3)<br>Date Received | (4)<br>Invoice Number | (5)<br>Gallons Received |
|-------------------------|-----------------------------|----------------------|-----------------------|-------------------------|
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
|                         |                             |                      |                       |                         |
| Total                   |                             |                      |                       |                         |

Sample