



Mass Transit System Provider Fuel Tax Return

For Calendar Year: 2024

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

Mass Transit System Provider Fuel Tax Return Coupon

For Calendar Year: 2024

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

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

FEIN

FEIN input boxes

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 20249999 0093027031 4 3000000001 0000 2

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: 2024



92000202499990093027031430000000100002

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)
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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 .324 = Line 8)

Mass Transit	
B. Undyed Diesel	C. Dyed Diesel



Schedule of Receipts — Mass Transit (continued)

Schedule Type/Product Type	Company Name	FEIN	Collection Period Ending (mm/dd/yy)
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(1) Name of Supplier	(2) Supplier's FEIN/DEPN	(3) Date Received	(4) Invoice Number	(5) Gallons Received
Total				