Mass Transit System Provider Fuel Tax Return

For Calendar Year: 2018

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

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

Detach here

Detach here

Handwritten Example
0123456789

Typed Example
0123456789

FEIN

ENTER BUSINESS NAME:

Name
Address
City/St/ZIP

AMOUNT DUE
FROM LINE 15
US Dollars
| Cents |

IF CREDIT DUE ENTER 0

FOR COLLECTION PERIOD ENDING
M M D D Y Y

DR-309633

Do Not Write in the Space Below.

9200 0 20189999 0093027031 3 3000000001 0000 2
Mass Transit System Provider Fuel Tax Return

DR-309633
R. 01/13
Page 3


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. ___________________________


15. Total due with return:  ................................................................................................... .........  15. ___________________________

16. Amount to be refunded:  ................................................................................................... ....  16. ___________________________

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

☐ Check here if filing a supplemental return

FEIN:

License Number:

Collection Period Ending:

Return Due By

Late After

Complete Reverse Side of Return First
### 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) .......................................  
\[
\text{Credit calculation (Rate 1 \times Line 6 = Line 7)}
\]

### 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)  
   \[
   \text{Tax Rate Calculation: } (\text{Line 6} \times 0.05 = \text{Line 7})
   \]
8. Diesel fuel credit (Carry to Page 3, Line 10a)  
   \[
   \text{Credit Calculation: } (\text{Line 3c} \times \text{Line 4 gain} \times 0.273 = \text{Line 8})
   \]
## Schedule of Receipts — Mass Transit

### Schedule Types: Product Types:

<table>
<thead>
<tr>
<th>Schedule Type/Product Type</th>
<th>Company Name</th>
<th>FEIN</th>
<th>Collection Period Ending (mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>065 Gasoline</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>124 Gasohol</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>167 Low Sulfur Diesel #2/</td>
<td></td>
<td></td>
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<tr>
<td>Undyed/Blended Biodiesel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B20, B10, B5, B2)</td>
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<tr>
<td>226 High Sulfur Diesel Fuel - Dyed</td>
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<td></td>
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</tr>
<tr>
<td>227 Low Sulfur Diesel Fuel - Dyed</td>
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</tr>
<tr>
<td>B00 Undyed/Unblended</td>
<td></td>
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<tr>
<td>Biodiesel (B100)</td>
<td></td>
<td></td>
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<tr>
<td>D00 Dyed Biodiesel (B100)</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>Gallons Received - Tax Paid</th>
<th>Gallons Received - Tax Unpaid</th>
</tr>
</thead>
</table>

### (1) Name of Supplier

### (2) Supplier's FEIN/DEPN*

### (3) Date Received

### (4) Invoice Number

### (5) Gallons Received

---

* Department of Environmental Protection Number (DEPN)
<table>
<thead>
<tr>
<th>Name of Supplier</th>
<th>Supplier's FEIN/DEPN</th>
<th>Date Received</th>
<th>Invoice Number</th>
<th>Gallons Received</th>
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Total

Sample Form