Mass Transit System Provider Fuel Tax Return

For Calendar Year: 2021

Handwritten Example
0123456789

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

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

For Calendar Year: 2021

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.

AMOUNT DUE FROM LINE 15
US Dollars
Cents

FOR COLLECTION PERIOD ENDING M M D D Y Y

DR-309633 R. 01/13

00001 0000001 3000000001 0000 2

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. __________________________

☐ 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  _____________________________
**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)

**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)
<table>
<thead>
<tr>
<th>Schedule Type/Product Type</th>
<th>Product Types:</th>
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<tbody>
<tr>
<td>1A. Gallons Received - Tax Paid</td>
<td>065 Gasoline</td>
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<tr>
<td>2A. Gallons Received - Tax Unpaid</td>
<td>124 Gasohol</td>
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<tr>
<td></td>
<td>167 Low Sulfur Diesel #2/Undyed/Blended Biodiesel (B20, B10, B5, B2)</td>
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<td>226 High Sulfur Diesel Fuel - Dyed</td>
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<td>227 Low Sulfur Diesel Fuel - Dyed</td>
</tr>
<tr>
<td></td>
<td>B00 Undyed/Unblended Biodiesel (B100)</td>
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<td>D00 Dyed Biodiesel (B100)</td>
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<table>
<thead>
<tr>
<th>(1) Name of Supplier</th>
<th>(2) Supplier’s FEIN/DEPN*</th>
<th>(3) Date Received</th>
<th>(4) Invoice Number</th>
<th>(5) Gallons Received</th>
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<tbody>
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Subtotal

* Department of Environmental Protection Number (DEPN)