



FLORIDA

DRAFT

Terminal Operator Information Return

For Calendar Year:

R. XX/XX

Rule 12B-5.150, F.A.C.

Effective XX/XX

Page 1 of 8

DR-309636

~~R. 01/14~~

~~Page 1~~

~~TC~~

~~Rule 12B-5.150~~

~~Florida Administrative Code~~

~~Effective 01/14~~

Handwritten Example

Typed Example

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

Use black ink.

IMPORTANT
Complete and return
coupon to the Department
of Revenue.

Complete Form
DR-309636
Before Entering
Information on the
Attached Coupon.

COMPLETE FORM DR-309636
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

Terminal Operator Information Return Coupon

For Calendar Year:

COMPLETE and MAIL with your RETURN

DR-309636

R. XX/XX

~~R. 01/14~~

FEIN

FEIN [] [] [] [] [] [] [] [] [] []

ENTER BUSINESS NAME:

Name
Address
City/St/ZIP

FOR PERIOD
ENDING

MMDDYY [] [] [] [] [] []

DR-309636

Do Not Write in the Space Below.

This page intentionally left blank.

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

**Terminal Operator
Information Return**

For Calendar Year:

DR-309636

R. XX/XX

Page 3 of 8

~~R. 01/14~~

~~Page 3~~

☐ 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

Name of Terminal

Location of Terminal

IRS Terminal Code Number

Under penalty of perjury, I declare that I have read this return and the facts stated in it are true.

Signature of Terminal Operator

Title

Date

Name of Preparer (Print)

Signature of Preparer

Telephone Number

FEIN

Date



Reconciliation of inventories for Florida terminals and refineries of all fuel transactions for the month/year entered below

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

Report receipts and disbursments in whole net gallons

GALLONS					
	From Schedule	DIESEL			
		A. Gasoline	B. Undyed	C. Dyed	D. Aviation
1. Beginning inventory of all products: (from last month's return)					
	Schedule 15A				
2. Total receipts during month:					
3. Total gallons available: (Line 1 plus Line 2)					
	Schedule 15B				
4. Total disbursements:					
5. Book inventory: (Line 3 minus Line 4)					
6. Inventory discrepancies: [Enter Line 5 minus Line 7. If Line 5 exceeds Line 7, indicate the shortage with ().].					
7. Actual ending inventory of all products: (to next month's return)					

(1) Carrier's Name	(2) Carrier's FEIN	(3) Mode	(4) Dest. State	(5) Terminal Supplier	(6) Terminal Supplier FEIN	(7) Date Shipped	(8) Document Number	(9) Net Gallons	(10) Gross Gal- lons
Subtotal									

~~Page 8~~

[illegible]