



Terminal Operator Information Return

DR-309636
R. 01/12
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Rule 12B-5.150
Florida Administrative Code
Effective 01/12

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.

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

DR-309636
R. 01/12

COMPLETE and MAIL with your RETURN

FEIN

DOR USE ONLY

/ /

POSTMARK OR HAND-DELIVERY DATE

ENTER BUSINESS NAME:

Name
Address
City/St/ZIP

FOR PERIOD ENDING

DR-309636

Do Not Write in the Space Below.

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

**Terminal Operator
Information Return**

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Check here if filing a supplemental return

FEIN:

License Number:

Collection Period Ending:

Return Due By

Late After

Complete Reverse Side of Return First

Name of Terminal

Location of Terminal

IRS Terminal Code Number

Under penalties of perjury, I swear or affirm that this return, including any accompanying schedules and statements, has been examined by me and it is true, correct and complete for the collection period stated.

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)
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Report receipts and disbursements 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)					

