



**Terminal Operator Information Return**

For Calendar Year:

DR-309636  
R. 01/13  
Page 1

Rule 12B-5.150  
Florida Administrative Code  
Effective 01/13

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. 01/13

For Calendar Year:  
COMPLETE and MAIL with your RETURN

**T**

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.

**This page intentionally left blank.**



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

**Terminal Operator  
Information Return**

DR-309636  
R. 01/13  
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For Calendar Year:

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 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)
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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) ....					







