



FLORIDA

DRAFT

Terminal Operator Information Return

For Calendar Year:

R. XX/XX

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

Effective XX/XX

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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. 01/14~~

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



R. XX/XX  
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| (1)<br>Carrier's Name                       | (2)<br>Carrier's FEIN | (3)<br>Mode | (4)<br>Terminal<br>Supplier | (5)<br>Terminal Supplier<br>FEIN | (6)<br>Date<br>Received | (7)<br>Document<br>Number | (8)<br>Net<br>Gallons | (9)<br>Gross<br>Gal-<br>lons |
|---------------------------------------------|-----------------------|-------------|-----------------------------|----------------------------------|-------------------------|---------------------------|-----------------------|------------------------------|
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
|                                             |                       |             |                             |                                  |                         |                           |                       |                              |
| Total (Enter Net Gallons on Page 4, Line 2) |                       |             |                             |                                  |                         |                           |                       |                              |



Check here if filing a supplemental schedule

| Schedule/Product Type | Company Name | IRS Terminal Code Number | FEIN | Collection Period Ending<br>(mm/dd/yy) |
|-----------------------|--------------|--------------------------|------|----------------------------------------|
| 15B/                  |              |                          |      |                                        |

**Product Type:**

|                   |                       |                                         |                                   |                                                |
|-------------------|-----------------------|-----------------------------------------|-----------------------------------|------------------------------------------------|
| 065 Gasoline      | 125 Aviation Gasoline | 167 Low Sulfur Diesel #2/Undyed/Blended | 227 Low Sulfur Diesel Fuel - Dyed | E00 Denatured Ethanol (gasoline content equals |
| 072 Dyed Kerosene | 130 Jet Fuel          | Biodiesel (B20, B10, B5, B2)            | B00 Undyed/Unblended Biodiesel    | 1.97% to 2.49%)                                |
| 124 Gasohol       | 142 Undyed Kerosene   | 226 High Sulfur Diesel Fuel - Dyed      | (B100)                            |                                                |
|                   |                       |                                         | D00 Dyed Biodiesel (B100)         |                                                |

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

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[illegible]