



Terminal Operator Information Return

For Calendar Year: 2024

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

For Calendar Year: 2024

COMPLETE and MAIL with your RETURN

FEIN

FEIN input boxes

ENTER BUSINESS NAME:

Name
Address
City/St/ZIP

FOR PERIOD
ENDING

MMDDYY input boxes

DR-309636

Do Not Write in the Space Below.

This page intentionally left blank.

FLORIDA
REVENUE

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

**Terminal Operator
Information Return**

For Calendar Year: 2024



92000202499990090027036230000000100002

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 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) | | | | | |

