



Petroleum Carrier Information Return  
For Calendar Year:

DR-309637  
R. 01/26  
Rule 12B-5.150, F.A.C.  
Effective 01/26  
Page 1 of 6

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-309637**  
**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

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

Petroleum Carrier Information Return Coupon

Detach  
here

DR-309637  
R. 01/26

For Calendar Year:  
COMPLETE and MAIL with your RETURN

FEIN

ENTER BUSINESS NAME:

Name  
Address  
City/St/ZIP

FOR PERIOD  
ENDING

DR-309637

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

## Petroleum Carrier Information Return

For Calendar Year:

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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**

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

|                      |       |      |
|----------------------|-------|------|
| Signature of Carrier | Title | Date |
|----------------------|-------|------|

|                          |                       |                  |      |      |
|--------------------------|-----------------------|------------------|------|------|
| Name of Preparer (Print) | Signature of Preparer | Telephone Number | FEIN | Date |
|--------------------------|-----------------------|------------------|------|------|

|              |      |                                        |
|--------------|------|----------------------------------------|
| Company Name | FEIN | Collection Period Ending<br>(mm/dd/yy) |
|--------------|------|----------------------------------------|

GALLONS

|                                                                                                                                                       |             | DIESEL    |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|---------|
|                                                                                                                                                       | A. Gasoline | B. Undyed | C. Dyed |
| 1. Total gallons of petroleum product loaded at a Florida terminal or bulk plant and delivered to another state (Attach Schedule 14A): .....          |             |           |         |
| 2. Total gallons of petroleum product loaded at an out-of-state terminal or bulk plant facility and delivered in Florida (Attach Schedule 14B): ..... |             |           |         |
| 3. Total gallons of petroleum product loaded at a Florida terminal or bulk plant and delivered in Florida (Attach Schedule 14C): .....                |             |           |         |
| 4. Total gallons of petroleum product transported (Total of Lines 1 through 3): .....                                                                 |             |           |         |

 Check here if filing a supplemental schedule

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| Schedule/Product Type | Company Name | FEIN | Terminal Code/Origin | Collection Period Ending (mm/dd/yy) |
|-----------------------|--------------|------|----------------------|-------------------------------------|
|-----------------------|--------------|------|----------------------|-------------------------------------|

**Schedule Type - only one product type per schedule type:**

**Product Type:**

|                                                                                        |                                                                      |                                       |                                                                |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------|
| 14A. Gallons Loaded at a Florida Terminal or Bulk Plant and Delivered to Another State | 065 Gasoline                                                         | 226 High Sulfur Diesel Fuel - Dyed    | D00 Dyed Biodiesel (B100)                                      |
| 14B. Gallons Loaded at an Out-of-State Terminal or Bulk Plant and Delivered in Florida | 072 Dyed Kerosene                                                    | 227 Low Sulfur Diesel Fuel - Dyed     | E00 Denatured Ethanol (gasoline content equals 1.97% to 2.49%) |
| 14C. Gallons Loaded at a Florida Terminal or Bulk Plant and Delivered in Florida       | 124 Gasohol                                                          | B00 Undyed/Unblended Biodiesel (B100) |                                                                |
|                                                                                        | 167 Low Sulfur Diesel #2/Undyed/Blended Biodiesel (B20, B10, B5, B2) |                                       |                                                                |

| Person hiring the carrier: |             | Seller              |             |             | Delivered to: |             |                |             |                           |                            |                               |                     |
|----------------------------|-------------|---------------------|-------------|-------------|---------------|-------------|----------------|-------------|---------------------------|----------------------------|-------------------------------|---------------------|
| (1)<br>Company Name        | (2)<br>FEIN | (3)<br>Company Name | (4)<br>FEIN | (5)<br>Mode | (6)<br>Origin | (7)<br>Name | (8)<br>Address | (9)<br>FEIN | (10)<br>Date<br>Delivered | (11)<br>Document<br>Number | (12)<br>Gross<br>Gal-<br>lons | (13)<br>Net Gallons |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
|                            |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |
| Subtotal                   |             |                     |             |             |               |             |                |             |                           |                            |                               |                     |

[illegible]