

**Appendix F.**

# **Summary Report Forms**

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## ➤ **Summary Reports**

During certification testing, the Electronic Participant is required to provide the BOE a completed copy of the appropriate summary report for each file submission. Supporting schedules will generally not be required to be submitted with the summary report. The summary report will be used to verify the electronic data transmitted.

After transmitting test data via the Internet to the BOE, complete and email or fax the appropriate summary report to the BOE's Fuel Taxes Division.

Fax the completed summary reports to:

State Board of Equalization  
Fuel Taxes Division MIC: 30  
Summary Report for Electronic Test Data  
Fax: (916) 323-9352

- or -

Email the completed summary reports to:

Efile@boe.ca.gov  
Subject Line: FTD eFiling Motor Fuel Summary Report

### **General Information For All Summary Reports:**

When completing a summary report the Electronic Participant must enter the following information:

- Company name.
- BOE Account Number. A summary report must be completed for each account number assigned to the filer. This account number must match the account number recorded in the electronic file being tested.
- Tracking Number. The tracking number is a 10 digit number provided by the BOE when the file is submitted using the Upload Return process. It is unique to each Upload Return attempt and is used to identify the filing for all future inquiries.
- The testing stage number the Electronic Participant is currently participating in (2 or 3) and the number of the filing attempt for the stage being tested.
- Contact name, telephone number, fax number, email address, and the date of the E-filing.

### **Supplier Summary Report (SDR)**

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the schedules listed in the first column of the summary report.

### **Aircraft Jet Fuel Dealer Summary Report (DLR)**

Summary Report # 1 is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the schedules listed in the first column of the summary report.

### **Terminal Operator Summary Report (TOR)**

This summary report is divided into the following four sections: product code, ending inventory, terminal receipts, and terminal disbursements. To complete this form the filer must enter the net gallons of the physical ending inventory by product code. In addition, the filer must enter the total number of transactions and the total net gallons for both terminal receipts and terminal disbursements for each product code reported in the E-filing.

### **Petroleum Carrier Summary Report (CCR)**

This summary report is divided into the following three columns: product code, number of transactions, and total net gallons. To complete this form the filer must enter the number of transactions and the total net gallons by product code reported in the E-filing.

**Exempt Bus Operator Diesel Fuel (DBR)**

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the line item or schedule listed in the first column of the summary report. Where lines of the tax form are identified, only the total billed gallons is required.

**Claim for Refund on Nontaxable Sales and Exports of Diesel Fuel (DZC)**

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the schedule listed in the first column of the summary report.

**Diesel Fuel Ultimate Vendor Report (DVM/DVW)**

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the line item or schedule listed in the first column of the summary report. Where lines of the tax form are identified, only the total billed gallons is required.

**Diesel Fuel Claim for Refund on Nontaxable Uses (DUC)**

This summary report is divided into the following three columns: schedule code, number of transactions, and total billed gallons. To complete this form the filer must enter the total number of transactions and the total billed gallons in the appropriate column by the line item or schedule listed in the first column of the summary report. Where lines of the tax form are identified, only the total billed gallons is required.

**➤ SUPPLIER (SDR) SUMMARY REPORT**

Name of Company Submitting Summary Report:	Account or ID Number:	Testing Stage	
	Tracking Number:	Stage Number:	Filing Number:

Schedule Code	Number of Transactions	Total Billed Gallons
2X		
3A		
3B		
3X		
3Y		
5		
5A		
5V		
5W		
6F		
6X		
7		
7D		
7F		
8		
10C		
10I		
10Y		
10Z		
10AB		
13A		
13B		
13C		
13D		
13E		
13F		
13G		
S02A		
S03A		
S04		
S05I		

Contact Name:	Phone Number: (      )	FAX Number: (      )
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Email Address:	Date:
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**➤ AIRCRAFT JET FUEL DEALER (DLR) SUMMARY REPORT**

Name of Company Submitting Summary Report:		Account or ID Number:		Testing Stage	
				Stage Number:	Filing Number:
		Tracking Number:			
Schedule Code	Number of Transactions	Total Billed Gallons			
2					
4					
5					
5Q					
7					
8					
10A					
10B					
10G					
10K					
15C (Inventory)					
Contact Name:		Phone Number:		FAX Number:	
		(      )		(      )	
Email Address:				Date:	

**➤ TERMINAL OPERATOR (TOR) SUMMARY REPORT**

Name of Company Submitting Summary Report:	Account or ID Number:	Testing Stage	
	Tracking Number:	Stage #	Filing #

Product Code	Net Physical Ending Inventory	Terminal Receipts (15A)		Terminal Disbursements (15B)	
		Number of Transactions	Total Net Gallons	Number of Transactions	Total Net Gallons
001					
052					
054					
055					
058					
059					
061					
065					
071					
073					
074					
075					
076					
077					
078					
079					
090					
091					
092					
093					
100					
121					
122					
123					
124					
125					
126					
130					
139					
140					
141					
145					
147					

**➤ TERMINAL OPERATOR (TOR) SUMMARY REPORT**

Name of Company Submitting Summary Report:	Account or ID Number:	Testing Stage	
	Tracking Number:	Stage #	Filing #

Product Code	Net Physical Ending Inventory	Terminal Receipts (15A)		Terminal Disbursements (15B)	
		Number of Transactions	Total Net Gallons	Number of Transactions	Total Net Gallons
150					
153					
154					
160					
161					
167					
168					
170					
171					
188					
196					
198					
199					
223					
224					
225					
226					
227					
228					
231					
241					
243					
248					
249					
265					
279					
280					
281					
282					
283					
284					
285					
290					

Contact Name:	Phone Number: (      )	FAX Number: (      )
Email Address:	Date:	

**➤PETROLEUM CARRIER (CCR) SUMMARY REPORT**

Name of Company Submitting Summary Report:		Account or ID Number:  Tracking Number:		Testing Stage	
				Stage #	Filing #
Product Code	Carrier Receipts (14D)		Carrier Deliveries (14E)		
	Number of Transactions	Total Net Gallons	Number of Transactions	Total Net Gallons	
001					
052					
054					
055					
058					
059					
061					
065					
071					
073					
074					
075					
076					
077					
078					
079					
090					
091					
092					
093					
100					
121					
122					
123					
124					
125					
126					
130					
139					
140					
141					
145					
147					
150					
153					

**➤PETROLEUM CARRIER (CCR) SUMMARY REPORT**

Name of Company Submitting Summary Report:	Account or ID Number:  Tracking Number:	Testing Stage	
		Stage #	Filing #

Product Code	Carrier Receipts (14D)		Carrier Deliveries (14E)	
	Number of Transactions	Total Net Gallons	Number of Transactions	Total Net Gallons

154				
160				
161				
167				
168				
170				
171				
188				
196				
198				
199				
223				
224				
225				
226				
227				
228				
231				
241				
243				
248				
249				
265				
279				
280				
281				
282				
283				
284				
285				
290				

Contact Name:	Phone Number: (      )	FAX Number: (      )
Email Address:	Date:	

**➤ EXEMPT BUS OPERATOR (DBR) SUMMARY REPORT**

Name of Company Submitting Summary Report:	Account or ID Number:  Tracking Number:	Testing Stage	
		Stage Number:	Filing Number:

Schedule Code	Exempt Bus Operator	
	Number of Transactions	Total Billed Gallons
Line 3		
Line 4		
Line 7		
2		

Contact Name:	Phone Number: (     )	FAX Number: (     )
Email Address:		Date:

**➤ULTIMATE VENDOR (DVM/DVW) SUMMARY REPORT**

Name of Company Submitting Summary Report:	Account or ID Number:	Testing Stage	
		Tracking Number:	
		Stage Number:	Filing Number:

Schedule Code	Ultimate Vendor	
	Number of Transactions	Total Billed Gallons
Line 8 (from DVW)		
1A		
2A		
13A		
13C		
13D		
13E		
13G		

Contact Name:	Phone Number: (      )	FAX Number: (      )
Email Address:		Date:

**➤ CLAIM FOR REFUND ON NONTAXABLE SALES AND EXPORTS (DZC)  
SUMMARY REPORT**

Name of Company Submitting Summary Report:	Account or ID Number:	Testing Stage	
	Tracking Number:	Stage Number:	Filing Number:

Schedule Code	Claim For Refund On Nontaxable Sales And Exports	
	Number of Transactions	Total Billed Gallons
1A		
2A		
13A		
13C		
13G		

Contact Name:	Phone Number: (      )	FAX Number: (      )
Email Address:	Date:	

**➤ CLAIM FOR REFUND ON NONTAXABLE USES (DUC) SUMMARY REPORT**

Name of Company Submitting Summary Report:	Account or ID Number:	Testing Stage	
	Tracking Number:	Stage Number:	Filing Number:

Schedule Code	Claim For Refund On Nontaxable Uses	
	Number of Transactions	Total Billed Gallons
Line 3		
Line 4		
Line 5		
Line 6		
Line 7		
Line 8		
Line 9		
Line 10		
1A		
2A		

Contact Name:	Phone Number: (      )	FAX Number: (      )
Email Address:		Date: