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APR 02 2018

Montana Public Service Commission
Motor Carrier Annual Report

MONT. P.S. COMMISSION

Report must be filed on or before March 31st each year

All annual report filings must be signed by an owner or officer of the company and notarized by a notary public. (oath page)

Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY) Bestway Taxi LLC
DBA: Badlands Taxi

PSC Number 417 See General Instruction # 5

See General Instruction # 1

Reporting Year 2017

Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format

CARRIER ADDRESS 1209 Ivy St.

City Miles City State MT Zip 59301

Check YES NO Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?

Check YES NO If the answer to the above question is NO do you want your official address changed to that shown above?

Carrier e-mail address optional

Person Completing Report

Name Toni Deason

Phone Number 406-853-4924 optional

E-mail Address deasoncpa@gmail.com

Check One YES NO

DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?

If NO See General instruction #3

Montana Public Service Commission
Transportation Division
1701 Prospect Avenue / PO Box 202601
Helena, MT 59620-2601

GENERAL INSTRUCTIONS

Enclosed is the motor carrier annual report form prescribed by the Montana Public Service Commission. This report must be filed with the Montana Public Service Commission on or before MARCH 31st of each year following that which the report is made. Filing of an annual report by motor carriers is prescribed by Section 69-12-401, MCA. Failure to submit this report in full may jeopardize your operating authority.

1. Report should represent operations for the calendar year (January 1st to December 31st). If your company wishes to file on a fiscal year, a written request must be submitted to the Commission for approval. All subsequent reports must then be filed on the fiscal year end.
2. All data may be reported to the nearest whole dollar or whole number.
3. If there were no regulated intrastate moves during the filing period, a negative report may be filed. To file a negative report, complete the cover sheet and note that no regulated intrastate passengers or commodities were transported. No further financial information is required. **Mail the completed cover sheet and signed and notarized oath page to the public service commission.**
4. All annual report filings must be signed an by owner or officer of the company and notarized by a notary public.
5. If a company operates under more than one PSC number, registered in exactly the same company name, a combined report may be filed. However that fact should be clearly noted on the cover of the report.
6. **ALL CARRIERS MUST COMPLETE:**
 - ~~Schedule 1 (Income Statement)~~
 - Schedule 2 (Balance Sheet)
 - Schedule 3 (Intrastate Revenue)
 - Oath
7. Class D carriers not generating \$5,000 gross revenue from the Class D authority during the calendar year must complete:
 - Schedule 4 (Monthly Customer Listing)
8. Class D carriers NOT MEETING reporting requirements listed in the above schedules must complete:

PSC # 417
Year 2017

OATH

STATE OF Montana

SS.

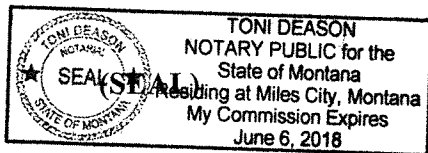
County of Custer

I, the undersigned Scott W. Gilbertson of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and record of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct statement of the business and affairs of said motor carrier in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief; and I further say that no deductions were made before stating the gross earnings or receipts herein set forth except those shown in the foregoing accounts; and that the accounts and figures contained in thee foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

Scott W. Gilbertson
(Signature of owner/officer/authorized representative)

Owner/Manager
(Title)

SUBSCRIBED AND SWORN to before me this 30th day of March, 2018.



Toni Deason
Notary Public

In and for the State of _____

Residing at _____

My Commission Expires _____

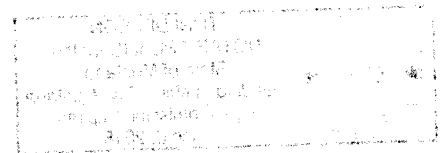
PSC #
Year

**SCHEDULE 5
VERIFIED STATEMENT**

Schedule 5 must be completed by Class D carriers who did not generate \$5,000 gross revenue from Class D operations and did not serve twenty (20) customers for each month of the calendar year.

The verified statement will be reviewed by the Commission and a determination made whether the certificate should be cancelled.

STATEMENT:



STATEMENT OF WORK
FOR THE YEAR
2010

PSC # 417
 Year 2017

SCHEDULE 1

INCOME STATEMENT

Operating Revenue		
1.	Intrastate Revenue	91,708
2.	Interstate Revenue	-
3.	Non-Regulated Revenue	-
4.	TOTAL REVENUE	91,708
Expenses		
5.	Salaries—Officers & Supervisory Personnel	-
	Salaries & Wages	
6.	Clerical & Administrative	11,486-
7.	Drivers & Helpers	33,260-
8.	Cargo Handlers	-
9.	Vehicle Repair & Service	-
10.	Other Labor	-
	Other Fringes	
11.	Payroll Taxes	3,079-
12.	Workman's Compensation	3,824-
13.	Pension & Welfare Expenses	-
	Operating Supplies & Expenses	
14.	Fuel for Motor Vehicles	1,250-
15.	Vehicle Parts	2,601-
16.	Other Operating Supplies & Expenses	3,279-
17.	General Supplies & Expenses	1,382-
	Operating Taxes & Licenses	
18.	Gas, Fuel and Oil Taxes	-
19.	Real Estate & Personal Property Taxes	-
20.	Vehicle License & Registration Fees	574-
21.	Other Taxes	-
22.	Insurance	4,064-
23.	Communications & Utilities	897-
24.	Depreciation & Amortization	
25.	Revenue Equipment	2,430-
26.	Other	33-
	Purchased Transportation	
27.	With Driver	-
28.	Without Driver	-
29.	Other Purchased Transportation	-
30.	Building & Office Equipment Rents	495-
31.	(Gain) or Loss on Disposition of Operating Assets	899-
32.	Miscellaneous Expenses	160-
33.	TOTAL EXPENSES	69,713-
34.	NET INCOME OR LOSS	21,995-

Schedule 5 (Verified Statement)

PSC #	417		
Year	2017		
SCHEDULE 2			
BALANCE SHEET			
(ASSETS)			
<u>CURRENT ASSETS</u>			
1.	Cash & Working Funds		1382 ⁻
2.	Special Deposits		
3.	Temporary Cash Investments		
4.	Notes Receivable		
5.	Accounts Receivable		
6.	Prepayments		
7.	Materials & Supplies		
8.	Other Current Assets		
9.		<u>TOTAL CURRENT ASSETS</u>	1382 ⁻
<u>TANGIBLE PROPERTY</u>			
10.	Carrier Operating Property		11690 ⁻
11.	Less: Reserve for Depreciation		<10730>
12.	Carrier Operating Property Leased to Others		
13.	Less: Reserve for Depreciation		
14.	Non-Carrier Operating Property		
15.	Less: Reserve for Depreciation		
16.		<u>TOTAL TANGIBLE PROPERTY</u>	720
<u>INTANGIBLE PROPERTY</u>			
17.	Organization, Franchises & Permits		
18.	Less: Reserve for Amortization		
19.	Other Intangible Property		500 ⁻
20.	Less: Reserve for Amortization		<56>
21.		<u>TOTAL INTANGIBLE PROPERTY</u>	444 ⁻
22.	Total Investment Securities and Advances		
23.	Total Special Funds		
24.	Total Deferred Debits		
25.		<u>TOTAL ASSETS</u>	25416 ⁻

PSC #	417		
Year	2017		
SCHEDULE 2			
BALANCE SHEET			
(LIABILITIES)			
CURRENT LIABILITIES			
26	Notes Payable & Matured Long Term Obligations		7026-
27	Accounts Payable		
28	Wages Payable		
29	C.O.D.'s Unremitted		
30	Taxes Accrued		
31	Interest Accrued		
32	Matured Interest		
33	Other Current Liabilities		7730-
34	TOTAL CURRENT LIABILITIES		14756-
LONG TERM DEBT DUE WITHIN ONE YEAR			
35	Equipment Obligations and other Debt		
LONG TERM DEBT DUE AFTER ONE YEAR			
36	Advances Payable		
37	Equipment Obligations		
38	Less reacquired and nominally issued		
39	Other Long Term Obligations		14748-
40	Less reacquired and nominally issued		
41	TOTAL LONG TERM DEBT		14748-
42	Total Deferred Credits		
43	Total Reserves		
SHAREHOLDERS' (OR PROPRIETORS') EQUITY			
44.	Total Capital Stock		
45	Total Proprietors' Capital		48953
46	Total Retained Earnings		21995
47	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY		426,958
48	TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		2,546-
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS			

PSC # 417
Year 2017

SCHEDULE 3

INTRASTATE OPERATING REVENUE

Complete the following Schedule reflecting intrastate operating revenue.

INTRASTATE REVENUE

Household Goods

Passengers

91,708⁻

Class C

Class D (Garbage)

Class D carriers NOT HAVING \$5,000 gross revenue from Class D transportation go to Schedule 4

Class D carriers not generating \$5,000 gross revenue From Class D transportation or serving twenty (20) customers each month, go to Schedule 5.

**TOTAL
INTRASTATE
REVENUE**

91,708⁻

Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.

PSC#
Year

SCHEDULE 4

MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE

Customer listing must include at least 20 customers per month during each month of the calendar year

	January	February	March
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

	April	May	June
1			
2			
3			
4			
5			
6			
7			
8			
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10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			