

RECEIVED

JUL 25 2018

MONT. P.S. COMMISSION

Montana Public Service Commission
Motor Carrier Annual Report

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)

CARRIE ANNE PINTAR DAA Amazing Taxi

PSC Number

9466 See General Instruction # 5

See General Instruction # 1

Reporting Year 2017

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

01, 17 to 12, 17

CARRIER ADDRESS

P.O. Box 1138 Livingston MT 59047

City State Zip

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

amazingtaxi@yahoo.com optional

Person Completing Report

Name Carrie A Pintar

Phone Number 4062235344

E-mail Address amazingtaxi@yahoo.com optional

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

PSC # 9466
 Year 2017

SCHEDULE 1

INCOME STATEMENT

Operating Revenue		
1.	Intrastate Revenue	
2.	Interstate Revenue	62,260
3.	Non-Regulated Revenue	
4.	TOTAL REVENUE	62,260
Expenses		
5.	Salaries—Officers & Supervisory Personnel	
	Salaries & Wages	
6.	Clerical & Administrative	
7.	Drivers & Helpers	
8.	Cargo Handlers	
9.	Vehicle Repair & Service	
10.	Other Labor	
	Other Fringes	
11.	Payroll Taxes	
12.	Workman's Compensation	
13.	Pension & Welfare Expenses	
	Operating Supplies & Expenses	
14.	Fuel for Motor Vehicles	
15.	Vehicle Parts	
16.	Other Operating Supplies & Expenses	
17.	General Supplies & Expenses	
	Operating Taxes & Licenses	
18.	Gas, Fuel and Oil Taxes	
19.	Real Estate & Personal Property Taxes	
20.	Vehicle License & Registration Fees	
21.	Other Taxes	
22.	Insurance	
23.	Communications & Utilities	
24.	Depreciation & Amortization	
25.	Revenue Equipment	
26.	Other	
	Purchased Transportation	
27.	With Driver	
28.	Without Driver	
29.	Other Purchased Transportation	
30.	Building & Office Equipment Rents	
31.	Gain or Loss on Disposition of Operating Assets	
32.	Miscellaneous Expenses	
33.	TOTAL EXPENSES	57,598
34.	NET INCOME OR LOSS	10,530

see schedule profit loss AX.

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor
CARRIE A PINTAR

Social security number (SSN)
~~XXXXXXXXXX~~

A Principal business or profession, including product or service (see instructions)
Cab company, Taxi Service

B Enter code from instructions
▶ **485300**

C Business name. If no separate business name, leave blank.
Amazing Taxi

D Employer ID number (EIN), (see instr.)
~~XXXXXXXXXX~~

E Business address (including suite or room no.) ▶ **P O BOX 1138**
City, town or post office, state, and ZIP code **LIVINGSTON, MT 59047**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2017, check here

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	62,260.
2	Returns and allowances		2	
3	Subtract line 2 from line 1.		3	62,260.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	62,260.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	5,868.
7	Gross income. Add lines 5 and 6		7	68,128.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	790.	18	Office expense (see instructions)	18	7,953.
9	Car and truck expenses (see instructions)	9	12,851.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	275.	20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20b	
12	Depletion	12			b Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	4,022.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	1,991.
15	Insurance (other than health)	15	9,579.	23	Taxes and licenses	23	1,818.
16	Interest:			24	Travel, meals, and entertainment:		
	a Mortgage (paid to banks, etc.)	16a			a Travel	24a	
	b Other	16b	139.		b Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services.	17	460.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits).	26	17,720.
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b	b Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31					10,530.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

UYA

PSC #	9460		
Year	2017		
SCHEDULE 2			
BALANCE SHEET			
(ASSETS)			
<u>CURRENT ASSETS</u>			
1.		Cash & Working Funds	37.00
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>	37.00
<u>TANGIBLE PROPERTY</u>			
10.		Carrier Operating Property	3,000
11.		Less: Reserve for Depreciation	
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>	3000
<u>INTANGIBLE PROPERTY</u>			
17.		Organization, Franchises & Permits	0
18.		Less: Reserve for Amortization	
19.		Other Intangible Property	
20.		Less: Reserve for Amortization	
21.		<u>TOTAL INTANGIBLE PROPERTY</u>	0
22.		Total Investment Securities and Advances	
23.		Total Special Funds	
24.		Total Deferred Debits	
25.		<u>TOTAL ASSETS</u>	3037.00

PSC #	91166		
Year	2017		
SCHEDULE 2			
BALANCE SHEET			
(LIABILITIES)			
CURRENT LIABILITIES			
26	Notes Payable & Matured Long Term Obligations		161,840
27	Accounts Payable		1,760
28	Wages Payable		720
29	C.O.D.'s Unremitted		
30	Taxes Accrued		
31	Interest Accrued		
32	Matured Interest		
33	Other Current Liabilities		
34		TOTAL CURRENT LIABILITIES	14,320
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		
40	Less reacquired and nominally issued		
41		TOTAL LONG TERM DEBT	114,573
42	Total Deferred Credits		
43	Total Reserves		
SHAREHOLDERS' (OR PROPRIETORS') EQUITY			
44.	Total Capital Stock		-130,856
45	Total Proprietors' Capital		
46	Total Retained Earnings		
47		TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	133,893
48	TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS			

PSC # 9466
Year 2017

OATH

STATE OF MT

SS.

County of Park

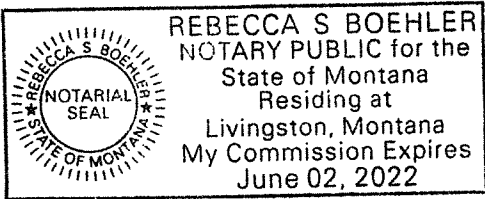
I, the undersigned Carrie A. Pintar of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and record of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct 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 these foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

Carrie A. Pintar
(Signature of owner/officer/authorized representative)

owner
(Title)

SUBSCRIBED AND SWORN to before me this 24th day of July, 2018.

(SEAL)



Rebecca S. Boehler
Notary Public

In and for the State of _____

Residing at _____

My Commission Expires _____