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Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS SHOWN ON PSC AUTHORITY)

Bestway Taxi LLC

PSC Number

417 See General Instruction # 5

See General Instruction # 1

Reporting Year 2019

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

CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)

1209 Ivy Miles City, MT 59301

Carrier e-mail address

gilbyrox@gmail.com

Person Completing Report

Name Toni Deason

Phone Number 406-853-4924

E-mail Address deasoncpa@gmail.com

Check One

YES X

NO

WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED 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

| | | |
|--|---|-----------------|
| Name | Bestway Taxi LLC | |
| PSC # | 417 | |
| Year | 2019 | |
| INTRASTATE REVENUES | | |
| | Household Goods | |
| | Passengers | \$85,448 |
| | Class C | |
| | Class D (Garbage) | |
| | TOTAL INTRASTATE REVENUE | \$85,448 |
| INCOME STATEMENT | | |
| Operating Revenue | | |
| | Intrastate Revenue | \$85,448 |
| | Interstate Revenue | |
| | Non-Regulated Revenue | |
| | TOTAL REVENUE | \$85,448 |
| Operating Expenses | | |
| Salaries & Wages | | |
| | Salaries—Officers & Supervisory Personnel | |
| | Clerical & Administrative | \$11,573 |
| | Drivers & Helpers | \$20,448 |
| | Cargo Handlers | |
| | Vehicle Repair & Service | |
| | Other Labor | |
| Fringes | | |
| | Payroll Taxes | \$4,510 |
| | Workman's Compensation | \$1,304 |
| | Pension & Welfare Expenses | |
| Operating Supplies & Expenses | | |
| | Fuel for Motor Vehicles | \$7,126 |
| | Vehicle Parts | \$1,012 |
| | Other Operating Supplies & Expenses | |
| Operating Taxes & Licenses | | |
| | Gas, Fuel and Oil Taxes | |
| | Real Estate & Personal Property Taxes | |
| | Vehicle License & Registration Fees | \$236 |
| | Other Taxes | |
| Depreciation & Amortization | | |
| | Revenue Equipment | \$173 |
| | Other | \$33 |
| Purchased Transportation | | |
| | With Driver | |
| | Without Driver | |
| | Other Purchased Transportation | |
| Office/General | | |
| | Insurance | \$9,983 |
| | Communications & Utilities | \$1,389 |
| | Building & Office Equipment Rents | \$580 |
| | General Supplies & Expenses | \$3,846 |
| | Miscellaneous Expenses | \$13 |
| | Gain on Disposition of Operating Assets | |
| | Loss on Disposition of Operating Asset (enter as positive number) | |
| | TOTAL EXPENSES | \$62,228 |
| | NET INCOME OR (LOSS) | \$23,220 |

| | | |
|-------|---|-----------------------|
| Name | Bestway Taxi LLC | |
| PSC # | 417 | |
| Year | 2019 | |
| | BALANCE SHEET | |
| | (ASSETS) | |
| | <u>CURRENT ASSETS</u> | |
| | Cash & Working Funds | \$344 |
| | Special Deposits | |
| | Temporary Cash Investments | |
| | Notes Receivable | |
| | Accounts Receivable | |
| | Prepayments | |
| | Materials & Supplies | |
| | Other Current Assets | |
| | TOTAL CURRENT ASSETS | <u>\$344</u> |
| | <u>TANGIBLE PROPERTY</u> | |
| | Carrier Operating Property | \$11,690 |
| | Less: Reserve for Depreciation (enter positive numbers only) | \$11,191 |
| | Carrier Operating Property Leased to Others | |
| | Less: Reserve for Depreciation (enter positive numbers only) | |
| | Non-Carrier Operating Property | |
| | Less: Reserve for Depreciation (enter positive numbers only) | |
| | TOTAL TANGIBLE PROPERTY | <u>\$499</u> |
| | <u>INTANGIBLE PROPERTY</u> | |
| | Organization, Franchises & Permits | |
| | Less: Reserve for Amortization (enter positive numbers only) | |
| | Other Intangible Property | \$500 |
| | Less: Reserve for Amortization (enter positive numbers only) | \$122 |
| | TOTAL INTANGIBLE PROPERTY | <u>\$378</u> |
| | Other Accounts | |
| | Investment Securities and Advances | |
| | Special Funds | |
| | Deferred Debits | |
| | Total Other | |
| | TOTAL ASSETS | <u>\$1,221</u> |

| | | |
|---|------------------|-------------------|
| Name | Bestway Taxi LLC | |
| PSC # | 417 | |
| Year | 2019 | |
| BALANCE SHEET | | |
| (LIABILITIES) | | |
| <u>CURRENT LIABILITIES</u> | | |
| Notes Payable & Matured Long Term Obligations | | \$5,522 |
| Accounts Payable | | |
| Wages Payable | | |
| C.O.D.'s Unremitted | | |
| Taxes Accrued | | |
| Interest Accrued | | |
| Matured Interest | | |
| Other Current Liabilities | | \$4,043 |
| TOTAL CURRENT LIABILITIES | | \$9,564 |
| <u>LONG TERM DEBT DUE WITHIN ONE YEAR</u> | | |
| Equipment Obligations and other Debt | | \$2,952 |
| <u>LONG TERM DEBT DUE AFTER ONE YEAR</u> | | |
| Advances Payable | | |
| Equipment Obligations | | \$1,445 |
| Less reacquired and nominally issued (enter positive number only) | | |
| Other Long Term Obligations | | \$5,000 |
| Less reacquired and nominally issued (enter positive number only) | | |
| TOTAL LONG TERM DEBT | | \$9,397 |
| <u>Other</u> | | |
| Total Deferred Credits | | |
| Total Reserves | | |
| TOTAL OTHER | | |
| <u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u> | | |
| Capital Stock | | |
| Proprietors' Capital | | (\$17,741) |
| Retained Earnings | | |
| TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY | | (\$17,741) |
| TOTAL LIABILITIES & SHAREHOLDERS' | | |
| <u>(OR PROPRIETORS') EQUITY</u> | | \$1,221 |
| TOTAL ASSETS | | \$1,221 |
| DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS. | | |

| | |
|------|------------------|
| Name | Bestway Taxi LLC |
| PSC# | 417 |
| YEAR | 2019 |

OATH

STATE OF Montana

SS.

County of Custer

I, the undersigned representative 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 records 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 the 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
5th day of March 2020

(SEAL)

Toni Deason
 Notary Public
 In and for the State of _____
 Residing at _____
 My Commission Expires _____

