

RECEIVED

MAR 30 2020

MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

ISAACS Sani-Serv INC.

PSC Number

5450 See General Instruction # 5

See General Instruction # 1

Reporting Year

2019

Reporting Period (if other than
calendar year)

mm/yyyy to mm/yyyy format

/ to /

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

P.O. Box 385 Circle, MT 59215

Carrier e-mail
address

jksaacs@midriver.com

Person Completing Report

Name

Phone Number

E-mail Address

Check One

YES ☒
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	ISAACS Sani-Serv INC.	
PSC #	3450	
Year	2019	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	213,932
	TOTAL INTRASTATE REVENUE	213,932
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	
	Interstate Revenue	
	Non-Regulated Revenue	248
	TOTAL REVENUE	214,180
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	
	Cargo Handlers	
	Vehicle Repair & Service	22,668
	Other Labor	33,664
Fringes		
	Payroll Taxes	
	Workman's Compensation	
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	56,062
	Vehicle Parts	
	Other Operating Supplies & Expenses	
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	2,613
	Other Taxes	
Depreciation & Amortization		
	Revenue Equipment	
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	8,252
	Communications & Utilities	6,797
	Building & Office Equipment Rents	35,029
	General Supplies & Expenses	
	Miscellaneous Expenses	32,731
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	197,816
	NET INCOME OR (LOSS)	16,364

Name	ISAACS Sani-Serv INC.	
PSC #	5450	
Year	2019	
BALANCE SHEET (ASSETS)		
<u>CURRENT ASSETS</u>		
Cash & Working Funds		642
Special Deposits		
Temporary Cash Investments		
Notes Receivable		
Accounts Receivable		
Prepayments		
Materials & Supplies		
Other Current Assets		
TOTAL CURRENT ASSETS		
<u>TANGIBLE PROPERTY</u>		
Carrier Operating Property		118,935
Less: Reserve for Depreciation (enter positive numbers only)		< 118,935 >
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>INTANGIBLE PROPERTY</u>		
Organization, Franchises & Permits		15,167
Less: Reserve for Amortization (enter positive numbers only)		< 15,167 >
Other Intangible Property		
Less: Reserve for Amortization (enter positive numbers only)		
TOTAL INTANGIBLE PROPERTY		
Other Accounts		
Investment Securities and Advances		
Special Funds		
Deferred Debits		
Total Other		
TOTAL ASSETS		642

Name	Isaacs Sani-Serv INC.	
PSC #	5450	
Year	2019	
BALANCE SHEET		
(LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
TOTAL CURRENT LIABILITIES		
<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>		
	Equipment Obligations and other Debt	
<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>		
	Advances Payable	
	Equipment Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	Other Long Term Obligations	3,534
	Less reacquired and nominally issued (enter positive number only)	
TOTAL LONG TERM DEBT		
<u>Other</u>		
	Total Deferred Credits	
	Total Reserves	
TOTAL OTHER		
<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	<2892>
TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY		
TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		
TOTAL ASSETS		
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	ISAACS Sani-Serv INC.		
PSC#	5450		
YEAR	2019		
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			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Name	ISAACS Sani-Serv INC		
PSC#	5450		
Year	2019		
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	JULY	AUGUST	SEPTEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	OCTOBER	NOVEMBER	DECEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Name	ISAACS Sani-Serv INC.
PSC#	5450
YEAR	2019

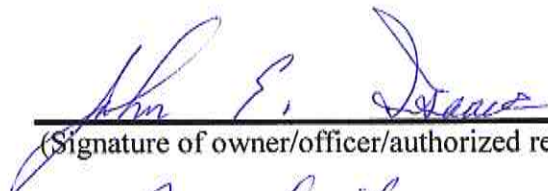
OATH

STATE OF Montana

SS.

County of McCone

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.



 (Signature of owner/officer/authorized representative)

President

 (Title)

SUBSCRIBED AND SWORN to before me this
27th day of March 2020

(SEAL)

Gina L Hove

Notary Public

In and for the State of

Montana

Residing at

Circle, MT

My Commission Expires

9-14-2023

