

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)

PSC Number

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

CARRIER ADDRESS

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
Phone Number
E-mail Address 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

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:

Schedule 5 (Verified Statement)

| | | | |
|--------------------------|------|-------------------------------------------------|-----------|
| PSC # | 268 | | |
| Year | 2020 | | |
| SCHEDULE 1 | | | |
| INCOME STATEMENT | | | |
| Operating Revenue | | | |
| 1. | | Intrastate Revenue | |
| 2. | | Interstate Revenue | |
| 3. | | Non-Regulated Revenue | |
| 4. | | TOTAL REVENUE | |
| Expenses | | | |
| 5. | | Salaries—Officers & Supervisory Personnel | |
| | | <u>Salaries & Wages</u> | |
| 6. | | Clerical & Administrative | |
| 7. | | Drivers & Helpers | |
| 8. | | Cargo Handlers | |
| 9. | | Vehicle Repair & Service | 29,595 |
| 10. | | Other Labor | |
| | | <u>Other Fringes</u> | |
| 11. | | Payroll Taxes | 3598 |
| 12. | | Workman's Compensation | |
| 13. | | Pension & Welfare Expenses | |
| | | <u>Operating Supplies & Expenses</u> | |
| 14. | | Fuel for Motor Vehicles | 521 |
| 15. | | Vehicle Parts | 37,067 |
| 16. | | Other Operating Supplies & Expenses | |
| 17. | | General Supplies & Expenses | |
| | | <u>Operating Taxes & Licenses</u> | |
| 18. | | Gas, Fuel and Oil Taxes | |
| 19. | | Real Estate & Personal Property Taxes | |
| 20. | | Vehicle License & Registration Fees | 10,689 |
| 21. | | Other Taxes | |
| 22. | | Insurance | 20,000 |
| 23. | | Communications & Utilities | 6931 |
| | | <u>Depreciation & Amortization</u> | |
| 25. | | Revenue Equipment | 192,183 |
| 26. | | Other | |
| | | <u>Purchased Transportation</u> | |
| 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 | 496 |
| 33. | | TOTAL EXPENSES | 300,584 |
| 34. | | NET INCOME OR LOSS | (300,584) |

| | | | |
|-------|------|---------------------------------------------|-----------------------------------------------|
| PSC # | 268 | | |
| Year | 2020 | | |
| | | | SCHEDULE 2 |
| | | | BALANCE SHEET |
| | | | (ASSETS) |
| | | | |
| | | | <u>CURRENT ASSETS</u> |
| 1. | | Cash & Working Funds | |
| 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> |
| | | | |
| | | | <u>TANGIBLE PROPERTY</u> |
| 10. | | Carrier Operating Property | 475,614 |
| 11. | | Less: Reserve for Depreciation | 192,183 |
| 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> 283,431 |
| | | | |
| | | | <u>INTANGIBLE PROPERTY</u> |
| 17. | | Organization, Franchises & Permits | |
| 18. | | Less: Reserve for Amortization | |
| 19. | | Other Intangible Property | |
| 20. | | Less: Reserve for Amortization | |
| 21. | | | <u>TOTAL INTANGIBLE PROPERTY</u> |
| | | | |
| 22. | | Total Investment Securities and Advances | |
| 23. | | Total Special Funds | |
| 24. | | Total Deferred Debits | |
| | | | |
| 25. | | <u>TOTAL ASSETS</u> | 283,431 |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------|---------|
| PSC # | 268 | | |
| Year | 2020 | | |
| SCHEDULE 2 | | | |
| BALANCE SHEET | | | |
| (LIABILITIES) | | | |
| <u>CURRENT LIABILITIES</u> | | | |
| 26 | | Notes Payable & Matured Long Term Obligations | |
| 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 | |
| 34 | | TOTAL CURRENT LIABILITIES | |
| <u>LONG TERM DEBT DUE WITHIN ONE YEAR</u> | | | |
| 35 | | Equipment Obligations and other Debt | |
| <u>LONG TERM DEBT DUE AFTER ONE YEAR</u> | | | |
| 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 | |
| 42 | | Total Deferred Credits | |
| 43 | | Total Reserves | |
| <u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u> | | | |
| 44. | | Total Capital Stock | |
| 45 | | Total Proprietors' Capital | |
| 46 | | Total Retained Earnings | |
| 47 | | TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY | |
| 48 | | TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY | 283,431 |
| DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS | | | |

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 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |

PSC#
Year

SCHEDULE 4 cont.

| | 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 | | | |
|----|--|--|--|

| |
|-----------|
| PSC# 268 |
| Year 2020 |

**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:

PSC # 268
Year 2020

OATH

STATE OF Montana

SS.

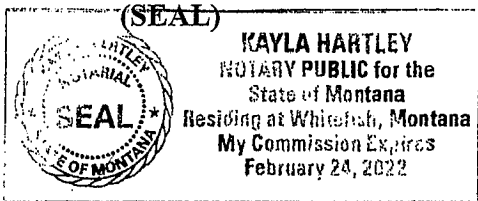
County of Flathead

I, the undersigned _____ 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 the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

[Signature]
(Signature of owner/officer/authorized representative)

VP/GM
(Title)

SUBSCRIBED AND SWORN to before me this 30th day of March, 2021.



Kayla Hartley
Notary Public

In and for the State of Montana

Residing at Whitefish, MT

My Commission Expires 2/24/2022