

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS SHOWN ON PSC AUTHORITY)

MEDICAB LLC

PSC Number

9199	See General Instruction # 5
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See General Instruction # 1

Reporting Year

2020

Reporting Period (if other than calendar year)

mm/yyyy to mm/yyyy format

/ to /

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

1945 Orille Dr. Missoula MT 59808

Carrier e-mail address

medcabmissoula@gmail.com

Person Completing Report

Name

SALLY HENSEL

Phone Number

406-542-7001

E-mail Address

SALLY@SMH-CPA.NET

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	MEDICAB LLC	
PSC #	9199	
Year	2020	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	
	Interstate Revenue	\$57,902
	Non-Regulated Revenue	
	TOTAL REVENUE	\$57,902
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	\$12,671
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
Fringes		
	Payroll Taxes	\$1,505
	Workman's Compensation	\$1,018
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$5,267
	Vehicle Parts	\$4,370
	Other Operating Supplies & Expenses	\$17,173
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	\$386
	Other Taxes	\$76
Depreciation & Amortization		
	Revenue Equipment	\$32,400
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$1,138
	Communications & Utilities	\$3,241
	Building & Office Equipment Rents	\$90
	General Supplies & Expenses	\$6,668
	Miscellaneous Expenses	\$2,423
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$88,426
	NET INCOME OR (LOSS)	(\$30,524)

Name	MEDICAB LLC	
PSC #	9199	
Year	2020	
BALANCE SHEET (ASSETS)		
<u>CURRENT ASSETS</u>		
	Cash & Working Funds	\$9,299
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	
	Prepayments	
	Materials & Supplies	
	Other Current Assets	
	TOTAL CURRENT ASSETS	<u>\$9,299</u>
<u>TANGIBLE PROPERTY</u>		
	Carrier Operating Property	\$52,768
	Less: Reserve for Depreciation (enter positive numbers only)	\$52,768
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$2,998
	Less: Reserve for Depreciation (enter positive numbers only)	\$2,998
	TOTAL TANGIBLE PROPERTY	
<u>INTANGIBLE PROPERTY</u>		
	Organization, Franchises & Permits	\$90,221
	Less: Reserve for Amortization (enter positive numbers only)	\$90,221
	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	<u>\$9,299</u>

Name	MEDICAB LLC	
PSC #	9199	
Year	2020	
BALANCE SHEET (LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	\$1,315
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
	TOTAL CURRENT LIABILITIES	\$1,315
<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	\$18,390
	Less reacquired and nominally issued (enter positive number only)	
	Other Long Term Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	\$18,390
<u>Other</u>		
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	(\$10,406)
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	(\$10,406)
	TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$9,299
	TOTAL ASSETS	\$9,299
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	MEDICAB LLC		
PSC#	9199		
YEAR	2020		
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			
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6			
7			
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12			
13			
14			
15			
16			
17			
18			
19			
20			

Name	MEDICAB LLC		
PSC#	9199		
Year			
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
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17			
18			
19			
20			

Name	MEDICAB LLC
PSC#	9199
YEAR	2020

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:

Name	MEDICAB LLC
PSC#	9199
YEAR	2020


OATH

STATE OF Montana

SS.

County of Mistula


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.



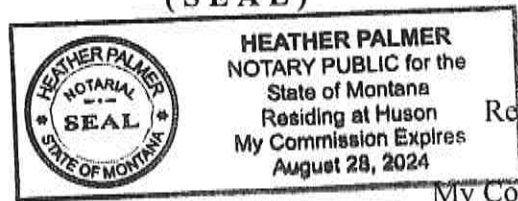
 (Signature of owner/officer/authorized representative)
owner

 (Title)

SUBSCRIBED AND SWORN to before me this 15 day of MARCH 20 21



 Notary Public



In and for the State of Montana

Residing at Huson

My Commission Expires Aug 28, 2024