



Louisiana Public Service Commission

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November 2010

www.lpsc.louisiana.gov

EVE KAHAO GONZALEZ
Secretary
and
Executive Counsel
(MRS.) VON M. MEADOR
Deputy Undersecretary

ANNUAL REPORT

TO ALL INTRASTATE MOTOR CARRIERS AUTHORIZED TO TRANSPORT HOUSEHOLD GOODS, PASSENGERS, WASTE, CHARTER BUS SERVICES, AND NON-CONSENSUAL WRECKER/TOW SERVICES:

Attached you will find the **Annual Report Form** for the 2010 reporting year. It is no longer necessary to have the report notarized. However, **IT IS THE CARRIER'S RESPONSIBILITY** to be able to prove the report was mailed **PRIOR** to the due date. Use a certificate of mailing or certified mail receipt (Green Card) and **KEEP YOUR RECEIPT** along with a completed copy of the annual report for your records.

If you misplaced this form or need additional copies you may print a copy from our website or contact this office to obtain another copy. **IT IS THE CARRIER'S RESPONSIBILITY TO OBTAIN THE ANNUAL REPORT FORM EACH YEAR AND TO FILE IN A TIMELY MANNER.**

The report must be received in this office on or before **April 30** of each year for those filing on a calendar year basis and **one hundred twenty (120) days after** the fiscal year has ended for those filing on a fiscal year basis as required by General Order 2 dated July 21, 1921 and General Order dated April 23, 2001. Carriers who file after the April 30th due date (or the 120-day date for fiscal carriers) are subject to a \$500.00 Late Filing Fee and a Citation Fee of \$25.00 will be added to the \$500 Late Fee if the carrier is cited.

An **Extension** may be requested in writing prior to the April 30 deadline. You will be notified if your request was accepted or denied.

Your correct certificate or permit number (LPSC #) or RI# (for Charter Buses) must be shown on the cover of your report along with your name as it appears on your certificate of authority.

If your NEW authority was granted during the last quarter of the year (October, November, December), you will not be required to file for the remainder of that year. **EXAMPLE:** If your authority was granted Oct. 1, 2010- Dec. 31, 2010, you will file only for Jan. 1 – Dec. 31 of 2011, with the report due on or before April 30, 2012.

ANNUAL REPORT INSTRUCTIONS

PAGE 1: **COVER PAGE** - List your company name address, telephone number and email, as well as listing the reporting year and type of authority(s) you hold.

PAGE 2: **GENERAL BUSINESS SUMMARY**
Items 1-6 - List main business address, name of party to contact and their contact information in regards to the report, type of company status and recent changes to company name.

Item 7 - If your business had any unusual increases or decreases or was dormant temporarily please give reason.

*** IF YOUR BUSINESS HAS CLOSED YOU MUST CONTACT THIS OFFICE IMMEDIATELY! ***

PAGE 3: **INCOME STATEMENT/BALANCE SHEET** - Companies should use an **accrual** basis for regulatory reporting to the LPSC. Using an accrual basis of accounting:

- (1) Income is accounted for as it is **earned** (or when the **service is performed**), although the money may be received at a later date; and,
- (2) Expenses are accounted for as they are **incurred**, although they may be paid at a later date.

Line 1 – Please state the percentage of your revenue that is **intrastate***. To get this percentage, divide total intrastate operating revenues by company’s total operating revenue earned. For example, ABC, Inc. dba ABC Trucking had revenues from intrastate operations of \$50,000 and total cumulative operating revenue of \$500,000; thus, $\$50,000 \div \$500,000 = .10$ or 10%. Therefore, 10% of total operating revenue is from intrastate operations. This percentage will also be used to prorate expenses. See item 3 on page 3.

* Intrastate Operating revenues should include **only** revenues for **intrastate** motor carrier operations as outlined in your current certificate. **Do not include** revenues earned from non-carrier operations, for example dividends, interest received or miscellaneous revenues from (a) sales of commodities, equipment or real estate (b) furnishing other services not necessary to accomplish actual transportation service. **Note:** For towing companies, use **non-consensual** towing revenues only.

Line 2 – Use figures for total intrastate operating revenues multiplied by intrastate percentage from line 1 to give you the total intrastate operating revenue.

Line 3 – Total operating expenses should include only expenses relating to intrastate motor carrier operations including by not limited to:

Office supplies, rent, utilities, advertising, other supplies and expenses, insurance, payroll and payroll related items, contract employees, accounting fees, lawyer fees, oil, lubricants and coolants, vehicle parts, vehicle maintenance, tires and tubes, fuel, etc.

Line 4 - Net (**before** taxes) Carrier Income: monetary figure showing if you had a profit or loss for the year. Line 2 minus line 3 (If your company had a loss zeros will be acceptable)

Line 5 - Use figures of total State & Federal taxes due for this reporting year. This item may be zero if the company is operating at a loss.

Line 6 - Net Carrier Income after subtracting interest, state taxes, and federal taxes.

Line 7 - 8 - **Total Assets** - Things you own that help operate the business
Total Accumulated Depreciation - Cumulative loss of the use of an asset over a period of time (or life) of the asset, i.e., a car is considered a 5-year asset, and with each year that passes, 1/5 of the useful life of the car is depreciated till the fifth year. Each year of depreciation for the car is accumulated in this account.

Liabilities - Total Expenses owed that help operate the business

Equity – Total value of property minus any mortgage (or other liabilities relating to it) owed

Line 9 – List other business terminals’ information if you conduct business at more than one location.

Line 10 - List the number and type of vehicles used to conduct your business.

PAGE 4: **VERIFICATION** - Report must be signed by the individual or firm preparing this report or the Commission will **not accept it**. If this report is prepared by an entity other than a company representative or employee, please include the name of the individual, name of the firm, a business address and phone number.

Information for ABC, Inc. dba ABC Trucking indicates that **only a portion** of the company's total revenue and expenses is **intrastate**. Shown below are consolidated or total revenues, expenses, assets, liabilities and depreciation. Also, please note that ABC Trucking uses only trucks and tractors in its waste hauling business and conducts business at more than one location.

Total Operating Revenue: \$500,000 (\$50,000 of total operating revenue is derived from intrastate activities.)

Total Operating Expenses: \$300,000 (includes current depreciation expense of \$20,000)

Total State and Federal Taxes: \$26,000 (\$21,500 Federal + \$4,500 State)

Total Assets: \$900,000

Total Liabilities: \$500,000

Total Accumulated Depreciation: \$100,000 (includes current depreciation expense of \$20,000)

Owner's Equity: \$300,000

EXAMPLE

COMPANY NAME: ABC, Inc. dba ABC Trucking

LPSC# 1234-A Period Covering Revenue From Jan. 01, 2010 to Dec. 31, 2010

LINE	INCOME STATEMENT (INTRASTATE REVENUE AND EXPENSES)				
	1.	Intrastate Percentage (%)	\$ 50,000	÷	\$ 500,000
		Total " <i>Intrastate</i> " Operating Revenue		Total Operating Revenue	Percentage (%) of revenue derived from intrastate activities
2.	Revenue	\$ 500,000	X	10 %	= \$ 50,000
		Total Operating Revenue		Percentage (%) from line 1	Total Intrastate Operating Revenue
3.	Operating Expenses (Include Interest Expenses)	\$ 300,000	X	10 %	= \$ 30,000
		Total Operating Expenses		Percentage (%) from line 1	Total Intrastate Operating Expenses
4.	Net Carrier Income (BEFORE State and Federal Income Taxes)	Subtract line 3 from line 2			= \$ 20,000
5.	State & Federal Taxes	\$ 26,000	X	10 %	= \$ 2,600
		Total Taxes (Put other taxes i.e. payroll taxes in operating expenses on line 3)		Percentage (%) from line 1	Total Intrastate Taxes
6.	Net Carrier Income (AFTER State and Federal Income Taxes)	Subtract line 5 from line 4			= \$ 17,400
BALANCE SHEET (DO NOT PRORATE)					
Fill out even if income is zero					
7.	Total Net Assets	\$ 900,000	-	\$ 100,000	= \$ 800,000
		Total Assets		Total Accumulated Depreciation	Total Net Assets
8.	Liabilities & Equity	\$ 500,000	+	\$ 300,000	= \$ 800,000
		Liabilities		Equity	Total Liability & Equity

PLEASE NOTE: ASSETS (Net of Depreciation) = LIABILITIES + OWNER'S EQUITY

(LINE 7) = (LINE 8) (Line 7 is always equal to line 8) REMINDER: Sometimes owner's equity may be a negative number.

9. List other business terminals (locations) in Louisiana operated during the report year. (If space provided is not sufficient, attach additional information on plain paper.)

Name of Manager	Physical Location
John Smith	123 ABC St., Anywhere, LA

10. List number of vehicles in operation.

TYPES OF VEHICLES	NUMBER OWNED	NUMBER LEASED	TOTAL
Limousines, Cars & Vans			
Buses			
Trucks	4	3	7
Tractors	4	3	7

LOUISIANA PUBLIC SERVICE COMMISSION

Transportation Division
Post Office Box 91154
Baton Rouge, LA 70821-9154
www.lpsc.louisiana.gov

MOTOR CARRIER ANNUAL REPORT

GENERAL INFORMATION			
Legal Name		LPSC and/or RI	
DBA:			
Physical Address			
Physical City	Physical State	Physical Zip Code	
Mailing Address			
Mailing City	Mailing State	Mailing Zip Code	
COMPANY CONTACT INFORMATION			
Company Area Code and Phone Number:		Company Fax Number:	
E-Mail Address			
*** CALENDAR AND FISCAL YEAR INFORMATION - You must provide Calendar or Fiscal Year Information)			
CALENDAR YEAR INFORMATION			
Calendar Year Ended Date: DECEMBER 31, 20_____		**If calendar year-end, this report is due APRIL 30th** (Example, business year ends 12/31/08, due no later than April 30, 2009)	
FISCAL YEAR ENDED INFORMATION			
Month	Day	Year	**Must be filed within 120 days after last day of business **
COMPANY CLASSIFICATION - Check All That Apply			
<input type="checkbox"/> Household Goods Mover	<input type="checkbox"/> Non-Consensual Towing	<input type="checkbox"/> Passenger (15 & less)	<input type="checkbox"/> Charter Bus (16 or more)
<input type="checkbox"/> Waste Hauler	<input type="checkbox"/> Saltwater Hauler	<input type="checkbox"/> Dispatched Taxi Service	

IMPORTANT INFORMATION:

Notarization of this report is no longer necessary.

Please make a copy of this report for your Company records. It is advisable that you send the annual report through certified mail with a return receipt or acquire a certificate of mailing that is available through the U.S. Postal Service. It is the Carrier's responsibility to have proof of mailing.

A late fee of **\$500.00 - \$525.00** will be assessed against your LPSC account for failure to file this report on a timely basis with possible loss of your operating authority.

GENERAL BUSINESS SUMMARY

1. Give the legal name under which the carrier making this report with the LPSC is known:

2. Louisiana Public Service Commission authority number(s): _____

Location of main business office: _____

3. List person or company employee, to whom communication concerning this report should be addressed and/or upon whom legal process is to be served:

Name _____ Address _____

E-Mail: _____ Phone: _____

4. Please check which status applies to your business and list name(s).

Private Ownership Name _____

Partnership Names _____

Corporation or LLC Name _____

Date of Incorporation _____ and State of Incorporation _____

Principal stockholders and number of shares of stock held by each (attach list, if necessary):

Principal Stockholders	Number of Shares

5. If the name of your company has been changed in any manner from that authorized by your certificate, please give:

Present name: _____

Previous name: _____

Date of change*: _____

6. If a change in ownership occurred during this reporting year list the name of the new owner(s) and date of change:

(*Note: **All name and/or ownership changes *must be filed* with the LPSC. Please visit our web site, www.lpsc.louisiana.gov to download appropriate form(s) or contact us via phone to request the form(s) if you have not done so already.**)

7. Please explain any unusual increases or decreases in operating revenues or expenses over preceding year's operations or explain any part of your operating authority that has been dormant during the report year and the reason it has been dormant:

*** IF YOUR BUSINESS HAS CLOSED YOU MUST CONTACT THIS OFFICE IMMEDIATELY! ***

COMPANY NAME: _____

LPSC# _____ Period Covering Revenue From _____ to _____

LINE	INCOME STATEMENT (INTRASTATE REVENUE AND EXPENSES)				
1.	Intrastate Percentage (%)	\$		\$	%
		Total " <i>Intrastate</i> " Operating Revenue	÷	Total Operating Revenue	= Percentage (%) of revenue derived from intrastate activities
2.	Revenue	\$		%	\$
		Total Operating Revenue	X	Percentage (%) from line 1	= Total Intrastate Operating Revenue
3.	Expenses (Include Interest Expenses)	\$		%	\$
		Total Operating Expenses	X	Percentage (%) from line 1	= Total Intrastate Operating Expenses
4.	Net Carrier Income (BEFORE State & Federal Income Taxes)	Subtract line 3 from line 2			= \$
5.	State & Federal Taxes	\$		%	\$
		Total Taxes (Other taxes i.e. payroll taxes should be included in operating expenses on line 3)	X	Percentage (%) from line 1	= Total Intrastate Taxes
6.	Net Carrier Income (AFTER State & Federal Income Taxes)	Subtract line 5 from line 4			= \$

BALANCE SHEET (DO NOT PRORATE)

Fill out even if income is zero

7.	Net Assets	\$		\$	\$
		Total Assets	-	Total Accumulated Depreciation	= Total Net Assets
8.	Liabilities & Equity	\$		\$	\$
		Liabilities	+	Equity	= Total Liability & Equity

PLEASE NOTE: ASSETS (Net of Depreciation) = LIABILITIES + OWNER'S EQUITY

(LINE 7) = (LINE 8) (Line 7 is always equal to line 8) REMINDER: Sometimes owner's equity may be a negative number.

9. List other business terminals (locations) in Louisiana operated during the report year. (If space provided is not sufficient, attach additional information on plain paper.)

Name of Manager	Physical Location

10. List number of vehicles in operation.

Types Of Vehicles	Number Owned	Number Leased	Total
Limousines , Cars & Vans			
Buses			
Trucks			
Tractors			

Verification:

Please state the name of the person, persons, or firm responsible for preparation of this report:

(Name and Title of the person preparing this report or Name of Firm)

(Firm Address, if applicable)

(Phone Number of firm, if applicable)

(Exact legal title or name of the motor carrier)

Charged with the duty of making reports of the above mentioned company's earnings to the Louisiana Public Service Commission, and that the foregoing statement is a true, full and correct report of the operating revenues and expenses of said company for the period named, and that the books of said company, from which said information is derived, are correctly and properly kept, and that the foregoing is a true and accurate abstract from said books.

(Signed) _____
(Company Representative OR Preparer)

(Date Signed) _____

Please date and sign or this report will be considered incomplete.

It is also the Carrier's responsibility to have proof of mailing this report.

After Completion of this report, send it to:
(Mailing address using conventional mail)
Please send this report certified with a receipt requested or obtain a "certificate of mailing" from the U.S. Postal Service.

**Louisiana Public Service Commission
Transportation Division
P.O Box 91154
Baton Rouge, LA 70821 – 9154**

OR you can "overnight" this report by
FEDEX, UPS etc. to (our physical location) :

**Louisiana Public Service Commission
Transportation Division
602 North 5th Street (Galvez Bldg.)
Baton Rouge, LA 70802**