

Louisiana Public Service Commission

POST OFFICE BOX 91154
BATON ROUGE, LOUISIANA 70821-9154

Telephone: (888) 342-5717
(225) 342-4439

www.lpsc.louisiana.gov

ANNUAL REPORT

Notice: Annual Reports will not be ACCEPTED with blank lines or missing information.

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 a blank **Annual Report Form**. **IT IS REQUIRED THAT THE REPORT BE NOTARIZED** and 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 amended June 19, 2012. 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 deadlines above. 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**.

ANNUAL REPORT INSTRUCTIONS

PAGE 1: **COVER PAGE** - List any changes to the company address, telephone and/or fax numbers 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 business 'main office 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' regulated intrastate operating revenues had any unusual increases or decreases or was dormant temporarily you must provide the reason. * **I H 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 **regulated intrastate***. To get this percentage, divide total regulated intrastate operating revenues by company's total operating revenue earned (Total operating revenue is the total of both regulated and non-regulated revenues). For example, ABC, Inc. dba ABC Trucking had revenues from regulated intrastate operations of \$50,000 and total cumulative operating revenue of \$500,000; thus, $\$50,000 \div \$500,000 = .010$ or 10%. Therefore, 10% of total operating revenue is from regulated intrastate operations. This percentage will also be used to prorate expenses. See item 3 on page 3.

* Regulated Intrastate Operating Revenues should include **only** regulated 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, report only regulated intrastate revenues as a result of a **non-consensual** tow.

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

Line 3 - Total operating expenses should include all expenses relating to motor carrier operations including but 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. multiplied by intrastate percentage from line 1.

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 and/or negative numbers will be acceptable, and you **MUST** explain on page 2 item #7)

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 4 minus line 5.

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 LPSC regulated business.

PAGE 4: **SWORN STATEMENT**- The Annual Report **must be signed by a company representative in front of a NOTARY or the Commission will NOT accept it.** If this report is prepared by an entity other than a company representative of employee, please have them sign the report and include their name, name of 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 regulated 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, 2008 to Dec. 31, 2008

LINE	INCOME STATEMENT (INTRASTATE REVENUE AND EXPENSES)					
	COLUMN 1		COLUMN 2		COLUMN 3	
1.	Intrastate Percentage (%)	\$ 50,000	÷	\$ 500,000	=	10 %
		Total "Regulated <i>Intrastate</i> " Operating Revenue		Total Operating Revenue		Percentage (%) of revenue derived from regulated intrastate activities
2.	Revenue	\$ 500,000	X	10 %	=	\$ 50,000
		Total Operating Revenue		Percentage (%) from line 1		Total Regulated 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 used in LPSC regulated operations.

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

Telephone: (888) 342-5717 or (225) 342-4439

LPSC Website: 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 the last day of business' fiscal year end**
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:

Please **notarize** this report and make a copy 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** will be assessed against your LPSC account for failure to file this report on or before your due date and if your company is cited an **additional \$25** will be due with a 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/LLC _____ and State of Incorporation/LLC _____

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 COMPANY REPORTED \$0 INTRASTATE REGULATED REVENUE ON PAGE 3 YOU MUST EXPLAIN HERE:**

*** 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)				
		COLUMN 1		COLUMN 2	COLUMN 3
1.	Intrastate Percentage (%)	\$		\$	%
		Total "Regulated Intrastate" Operating Revenue	÷	Total Operating Revenue	= Percentage (%) of revenue derived from regulated intrastate activities
2.	Revenue	\$		%	\$
		Total Operating Revenue	X	Percentage (%) from line 1	= Total Regulated 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 (Other taxes i.e. payroll taxes should be included in operating expenses on line 3)	\$		%	\$
		Total Taxes	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(s)	Physical Location

10. List number of vehicles used in LPSC regulated operations.

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

COMPANY NAME: _____

LPSC# _____ Period Covering Revenue From _____ to _____

PLEASE NOTARIZE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE

SWORN STATEMENT OF COMPANY REPRESENTATIVE

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared _____, who, after being duly sworn, did depose and say that his/her title or position is _____ and that he/she has examined this report and accompanying schedules and statements, and they are true, correct, and complete.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____

SIGNATURE OF COMPANY REPRESENTATIVE

NOTARY PUBLIC
(Signature, Seal & Number)

**Paid
Preparer's
Use Only**

(LEAVE THIS SECTION BLANK IF THIS REPORT WAS PREPARED BY THE COMPANY OFFICER/OWNER OR A COMPANY REPRESENTATIVE)

Print Preparer's name:

Preparer's Firm's name ▶

Firm's address ▶

Phone no. ▶ _____ Email ▶

I have compiled the accompanying annual report of the above named company and the related statements of revenues & expenses for the period shown above. I have not audited or reviewed the financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are true and correct. The owners are responsible for the preparation and fair presentation of the information contained herein. As the preparer I have advised my client to review this report and complete the section above in front of a notary.

Preparer's
Signature: _____ Date _____

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

After completion of this report, send it to: Louisiana Public Service Commission - Transportation Division P.O Box 91154; Baton Rouge, LA 70821
(Mailing address using conventional mail) Please send this report certified with a receipt requested or obtain a "certificate of mailing" from the U.S. Post Office.

-----OR-----

You may send this report by "overnight or priority" using FEDEX, UPS etc. to our physical location: Louisiana Public Service Commission - Transportation Division 602 North 5th Street Baton Rouge, LA 70802