Common Carrier Certificate No. or Contract Carrier Permit No.

(3) MV/CPCN #

**NEVADA TRANSPORTATION AUTHORITY (NTA)**

**ANNUAL REPORT**

**OF**

**A MOTOR CARRIER FOR HIRE**

**Passenger (Non-Taxi)**

**Due to NTA May 15, 2019**

 (5) FOR THE YEAR ENDING

 (7)

Name of Carrier

1. dba (if any):

(9) Domicile Address:

(Street)

Email Contacts (Name/Title) Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE**: The numbers in parentheses in the left-hand margin refer to the attached instructions.

**SEND (3 COPIES) ANNUAL REPORT TO:** Nevada Transportation Authority

 3300 West Sahara Avenue, Suite 200

 Las Vegas, Nevada 89102

**BUSINESS IDENTITY INFORMATION**

(8,3) MV/CPCN #

 Name of Carrier Business

(10) 1. Description of service provided:

(11) 2. Check type of company organization, and list names, addresses, and percentage of ownership of all Stockholders/Members/Partners/Owners:

* + Sole Proprietorship
	+ Partnership (includes Limited Partnership)
	+ “LLC” Limited Liability Company
	+ “C” Corporation
	+ “S” Corporation

 % OF

 NAME ADDRESS OWNERSHIP

(11) 3. If a Corporation, list names of current officers or managers for LLC, with title and address of each:

(11) 4. If a Corporation, list names of Directors and address of each:

(12) 5. Accounting year from to

(13) 6. Person who prepared report to whom inquiries should be directed concerning this report:

Telephone

 Name Number

**STATEMENT OF OPERATIONS**

(8,3) Name of Carrier Business MV/CPCN # \_\_\_\_\_\_\_\_\_\_\_

(5) For the 12 Months Ended

 **Basis of Accounting MUST BE ACCRUAL**

|  |  |  |
| --- | --- | --- |
| Total Company(Inter/Intra-State & OtherColumn 1 | NevadaIntrastateCertificated OperationsColumn 2 | Percentof NevadaCertificatedto TotalColumn 3 |

(15,16,17)

 **REVENUES**

(18) 1. Charter Limousine

 Sedan ………………….….. $ $ %

Stretch …………………….. %

Livery ….…………………. %

(19) 2. Per Capita (Per Person) ……….…… %

(20) 3. Contract (Identify)………………..… %

(21) 4. Other Revenue (List Separately) ….. %

 TOTAL REVENUE……………….. %

 **EXPENSES**

(22) 5. Officers Salaries …………………… %

6. Drivers Wages …………………….. %

7. Dispatch Wages……………………. %

8. Management Salaries/Wages………. %

(23) 9. Other Salaries & Wages (List Separate) %

(24) 10. Payroll Overhead ………………….. %

NV INTRASTATE

Certificated Only

Gal. \_\_\_\_ Mi. \_\_\_\_\_

Gal. \_\_\_\_ Mi. \_\_\_\_\_

(25) 11. Gasoline %

(25) 12. Diesel %

13. Rent or Lease – Equipment …………. %

14. Buildings ………….. %

15. Maintenance ………………………… %

 Depreciation – (Straight Line)

(26) 16. Rev. Equip. ……………….. %

(26) 17. Other Equip. …………….… %

(26) 18. Other Total . .……………… %

19. Advertising (Telephone Directory,

 Internet, magazines, etc. %

20. Credit Card Fees……………………. %

21. Dispatch Expense …………………... %

22. Referral Fees………………………… %

23. Professional Fees……………………. %

24. Insurance:

Vehicle……………………... %

Other ……………………….. %

(27) 25. Operating Taxes-Not Fed. Inc. Taxes . %

 26. Licenses …………………………….. %

 27. Federal Income Taxes ……………… %

(28) 28. Other Oper. Exp. (Excl. Interest) ….. %

 (attach separate sheet if greater that $500)

29. TOTAL OPERATING EXPENSE …. %

30. Interest Expense …………………….. %

 31. TOTAL EXPENSES ………. %

(29) 32. NET INCOME (LOSS) …………….. %

**BALANCE SHEET (Total Company)**

(8,3) Name of Carrier Business MV/CPCN #

(5) As of

 **Basis of Accounting (MUST BE ACCRUAL)**

**ASSETS**

 **Current Assets:**

1. Cash……………………………………………… $

1. Accounts Receivable…………………………….
2. Inventories……………………………………….

(30) 4. Prepaid Exp. & Other Current Assets (List Separate)

5. TOTAL CURRENT ASSETS ………….

 **Equipment Property and Other Assets:**

(31) 6. Revenue Equipment ………………………………$

(31) 7. Less: Accumulated Depreciation ………..( )

(31) 8. Other Equipment ………………………………….

(31) 9. Less: Accumulated Depreciation ………..( )

(31) 10. Buildings ………………………………………….

(31) 11. Less: Accumulated Depreciation………...( )

(31) 12. Leasehold Improvements …………………………

(31) 13. Less: Accumulated Depreciation………...( )

 14. TOTAL EQUIPMENT & PROPERTY…..

1. Land ……………………………………………….

(32) 16. Other Assets (At Book Value) (List Separate)……

(38) 17. TOTAL ASSETS (Line 5 + 14 + 15 + 16) ……….. $

**LIABILITIES and EQUITY / CAPITAL**

 **Current Liabilities:**

(33) 18. Current Portion of Long-term Debt ……………….. $

(33) 19. Current Portion of Notes Payable ………………….

20. Accounts Payable …………………………………..

21. Accrued Expenses ………………………………….

22. TOTAL CURRENT LIABILITIES ……….

(34) 23. Long-Term Debt ……………………………………

(34) 24. Long-Term Notes Payable..…………………………

(35) 25. Other Liabilities (List Separately) ………………….

 26. TOTAL LIABILITIES (Line 22 + 23 + 24 + 25)…..

 **Equity / Capital:**

(36) 27. Owner/Partnership Equity (Beginning Balance) …..$

(36) 28. Current Net Income (Loss) – Total Company ……..

(36) 29. LESS: Drawings …………………………………. ( )

30. TOTAL OWNER/PARTNERSHIP EQUITY (Ending Balance)

(Line 27 + 28 - 29)………………………………… $

**OR**

31. Common and Preferred Stock ……………………..

32. Paid in Capital …………………………………….

33. Treasury Stock ……………………………………. ( )

(37) 34. Retained Earnings: Beginning Balance ………….. $

(37) 35. Net Income (Loss) Total Co….

(37) 36. Less: Dividends/Distributions ( )

37. Ending Balance ……………..

38. TOTAL CAPITAL (Line 31 + 32 - 33 + 37) ……

(38) 39. TOTAL LIABILITIES & EQUITY/CAPITAL …. $

 (Line 26 + 30 **OR** Line 26 + 38)

**STATISTICS**

(8,3) Name of Carrier Business MV/CPCN #

(5) For the Twelve Months Ended

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  STATISTICAL SCHEDULE |  |  | TotalCompany | NevadaIntrastate |
| (39) 1. Total Annual Charters  Charter Limousine - Sedan |  |  | 1. |  |
| (39) 2. Total Annual Charters Charter Limousine - Stretch |  |  | 2. |  |
| (39) 3. Total Annual ChartersCharter Limousine - Livery |  |  | 3. |  |
| (40) 4. Total Annual Passengers Per Capita (Per Person) |   |  | 4. |  |
| 5. Total Annual Mileage Loaded and Deadhead \* Should be the same as Lines 11 & 12, Page 3 of 11) |  |  | 5. | \* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6. Gross Unladen Weight of Power Units \*\* Total should tie to page 8 # of Power Units |  |  | Number ofUnits under10,000 lbs. \*\* | Number of Units over 10,000 lbs. \*\* |

SCHEDULE OF OPERATING LEASES – REVENUE EQUIPMENT

(Capital leases are to be included on Equipment Schedules)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| VehicleI.D. No. (VIN) | Year& Make | Type ofVehicle | SeatingCapacity | Duration ofLease |
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**ACCOUNTING EQUIPMENT SCHEDULE**

(41)

(8, 3) Name of Carrier Business MV/CPCN #

(5) For the Twelve Months Ended

Must show all equipment used during this reporting period – even if fully depreciated or disposed of during year.

(Revenue Equipment Only)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vehicle I.D. No. (VIN) | Col. 1Purchase Date | Col. 2Disposal/ Removed from Service Date | Col. 3Original Cost | Col. 4Expected Life | Col. 5SalvageValue | Col. 6Amt. toBe Deprec.(Col. 3 LessCol. 5) | Col. 7Deprec.Exp. ThisYear | Col. 8Accum.Deprec.to Date |
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|  Less Sales/Disposals: |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

 (42) (43) (44)

Number of Power Revenue Units \*

\* Power Units (Trucks and Cars only) should tie to Page 7, Line 6

Page 8 of 11

**VEHICLE DETAIL EQUIPMENT SCHEDULE**

(8, 3) Name of Carrier Business MV/CPCN #

(5) For the Twelve Months Ended

Please complete; make copies of this form for additional vehicles.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Vehicle I.D. No. (VIN) | Vehicle Year | Vehicle Make | Vehicle Model | Vehicle License Plate Number | Date in Service | AnnualIn Service Mileage | NTA ID Number (Decal Number) |
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|  |  |  |  |  |  |  |  |
|  Total Mileage \* |  |  |  |  |  |  |  |

\* Total mileage should match Total Company mileage on Page 7, Line 5.

Page 9 of 11

**LIMOUSINE ACTIVITY REPORT**

(45)

(8, 3) Name of Carrier Business MV/CPCN #

(5) For the Twelve Months Ended

Must show all equipment used during this reporting period – even if fully depreciated or disposed of during year.

(Revenue Equipment Only)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vehicle I.D. No. (VIN) | Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Type (i.e., Sedan, Limo, Van, etc.) | Average Hours OperatedPer Month  | Number of Months Used in Operations  | Total Annual Revenue Generated  | Tariff Rate(s) |
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 (46)

Page 10 of 11

#### CERTIFICATE OF OATH

(47)

State of }

 }

County of }

 I, the undersigned, on my oath, do state that the foregoing report has been prepared under my direction from the original books, papers and records of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (8) (Carrier Business Name) (3) (MV/CPCN)

that I have carefully examined same, and declare that same to be a complete and correct statement of the business affairs of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (8) (Carrier Business Name) (3) (MV/CPCN)

in respect to each and every matter and thing herein set forth; and that the accounts and figures contained in the foregoing report embrace all of the financial operations of said respondent during the period for which said report is made, to the best of my knowledge, information and belief.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 President, Other Chief Officer or Owner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (print)

Subscribed and sworn to before me this

 day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2019.

 SEAL

 Notary Public

Page 11 of 11