

Common Carrier Certificate No.

(3) MV/CPCN # _____

NEVADA TRANSPORTATION AUTHORITY (NTA)

**ANNUAL REPORT
OF
A MOTOR CARRIER FOR HIRE
Household Goods Mover**

Due to NTA May 15, 2024

(5) FOR THE YEAR ENDING _____

(7) _____
Name of Carrier

(8) dba (if any): _____

(9) Domicile Address: _____
(Street) _____

Email Contacts (Name/Title)

Email Address

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

NAME	ADDRESS	% OF 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:

Name _____ Telephone Number _____

Email Address _____

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 & Other Column 1	Nevada Intrastate Certificated Operations Column 2	Percent of Nevada Certificated to Total Column 3
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(15, 16, 17)

REVENUES

	1.	Freight: Household Goods.....	\$ _____	\$ _____	%
(18)	2.	Other Revenue (List Separately)	_____	_____	%
		TOTAL REVENUE.....	_____	_____	%

EXPENSES

	3.	Officers Salaries	_____	_____	%
	4.	Drivers Wages	_____	_____	%
	5.	Dispatch Wages... ..	_____	_____	%
	6.	Management Salaries/Wages... ..	_____	_____	%
(20)	7.	Other Salaries & Wages(List Separate)	_____	_____	%
(21)	8.	Payroll Overhead	_____	_____	%

NV INTRASTATE
Certificated Only

	9.	Gasoline: Gal. _____ Mi. _____	_____	_____	%
(22)	10.	Diesel: Gal. _____ Mi. _____	_____	_____	%
	11.	Rent or Lease – Equipment	_____	_____	%
	12.	Buildings	_____	_____	%
	13.	Maintenance	_____	_____	%
		Depreciation – (Straight Line)			
(23)	14.	Rev. Equip.	_____	_____	%
(23)	15.	Other Equip.	_____	_____	%
(23)	16.	Other Total	_____	_____	%
	17.	Advertising (Telephone Directory, Internet, magazines, etc.	_____	_____	%
	18.	Credit Card Fees.....	_____	_____	%
	19.	Dispatch Expense	_____	_____	%
	20.	Referral Fees.....	_____	_____	%
	21.	Professional Fees.....	_____	_____	%
	22.	Insurance:			
		Vehicle	_____	_____	%
		Other	_____	_____	%

(24)	23.	Operating Taxes-Not Fed. Inc. Taxes .	_____	%
	24.	Licenses	_____	%
	25.	Federal Income Taxes	_____	%
(25)	26.	Other Oper. Exp. (Excl. Interest)	_____	%
		(attach separate sheet if greater than \$500)		
	27.	TOTAL OPERATING EXPENSE	_____	%
	28.	Interest Expense	_____	%
	29.	TOTAL EXPENSES	_____	%
(26)	30.	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.....	\$ _____
	2.	Accounts Receivable.....	_____
	3.	Inventories.....	_____
(27)	4.	Prepaid Exp. & Other Current Assets (List Separate)	_____
	5.	TOTAL CURRENT ASSETS	_____

Equipment Property and Other Assets:

	(28)	6.	Revenue Equipment.....	\$ _____
	(28)	7.	Less: Accumulated Depreciation	(_____)
	(28)	8.	Other Equipment	_____
	(28)	9.	Less: Accumulated Depreciation	(_____)
	(28)	10.	Buildings	_____
	(28)	11.	Less: Accumulated Depreciation... ..	(_____)
	(28)	12.	Leasehold Improvements	_____
	(28)	13.	Less: Accumulated Depreciation... ..	(_____)
		14.	TOTAL EQUIPMENT & PROPERTY....	_____
		15.	Land	_____
(29)		16.	Other Assets (At Book Value) (List Separate).....	_____
(35)		17.	TOTAL ASSETS (Line 5 + 14 + 15 + 16)	\$ _____

LIABILITIES and EQUITY / CAPITAL

Current Liabilities:

	(30)	18.	Current Portion of Long-term Debt	\$ _____
	(30)	19.	Current Portion of Notes Payable	_____
		20.	Accounts Payable	_____
		21.	Accrued Expenses	_____
		22.	TOTAL CURRENT LIABILITIES	_____
(31)		23.	Long-Term Debt	_____
(31)		24.	Long-Term Notes Payable.....	_____
(32)		25.	Other Liabilities (List Separately)	_____
		26.	TOTAL LIABILITIES (Line 22 + 23 + 24 + 25)	_____

Equity / Capital:

	(33)	27.	Owner/Partnership Equity (Beginning Balance)	\$ _____
	(33)	28.	Current Net Income (Loss) – Total Company	_____
	(33)	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		(_____)
(34)	34.	Retained Earnings: Beginning Balance	\$	_____
(34)	35.	Net Income (Loss) Total Co....		_____
(34)	36.	Less: Dividends/Distributions		(_____)
	37.	Ending Balance		_____
	38.	TOTAL CAPITAL (Line 31 + 32 - 33 + 37)		_____
(35)	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 _____

<u>STATISTICAL SCHEDULE</u>			Total Company	Nevada Intrastate
1. Total Annual Number of Shipments Household Goods			1.	
2. Total Annual Mileage Loaded and Deadhead * Should be the same as Lines 9 & 10, Page 3 of 10			2.	*

3. Gross Unladen Weight of Power Units ** Total should tie to page 8 # of Power Units			Number of Units <u>under</u> <u>10,000 lbs. **</u>	Number of Units <u>over</u> <u>10,000 lbs. **</u>
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SCHEDULE OF OPERATING LEASES – REVENUE EQUIPMENT

(Do NOT include CAPITAL LEASES on this schedule; include them on the Accounting Equipment Schedule, page 8 of 10, and on the Vehicle Detail Equipment Schedule, page 9 of 10.)

Vehicle I.D. No. (VIN)	Year & Make	Type of Vehicle	Seating Capacity	Duration of Lease	Used in Nevada Intrastate Operations “yes” or “no”

(36)

ACCOUNTING EQUIPMENT SCHEDULE

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

(5) For the Twelve Months Ended _____

Includes Tractors, Trailers, Dollies, etc. used by the Carrier for the Total System.

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

(Revenue Equipment Only)

[illegible]

(37)

(38)

(39)

Number of Power Revenue Units*

* Power Units (Trucks and Cars only) should tie to Page 7, Line 3

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	Vehicle Type (i.e., Truck, Trailer, etc.)	Date In Service	Annual In Service Mileage	Used in Nevada Intrastate Operations “yes” or “no”
Total Mileage *								

* Total mileage should match Total Company mileage on Page 7, Line 2.

(40)

CERTIFICATE OF OATH

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) (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) (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 _____ 2023.

SEAL

Notary Public