

Common Carrier Certificate No.

(3) MV/CPCN # \_\_\_\_\_

**NEVADA TRANSPORTATION AUTHORITY (NTA)**

---

**ANNUAL REPORT  
OF  
A MOTOR CARRIER FOR HIRE  
Taxi (Outside of Clark County)**

**Due to NTA May 15, 2021**

(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
---	--	--

(15,16,17)

**REVENUES**

(18)	1.	Taxi Service.....	\$ _____	\$ _____	_____ %
	2.	Other Revenue (List Separately) ....	_____	_____	_____ %
		TOTAL REVENUE.....	_____	_____	_____ %

**EXPENSES**

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

(22)	9.	Gasoline	NV INTRASTATE Certificated Only 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 <b>OR</b> 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 Trips Taxi			1.	
2. Total Annual Mileage Loaded and Deadhead * Should be the same as Lines 9 & 10, Page 3 of 10			2.	*

			Number of Units <u>under</u> 10,000 lbs. **	Number of Units <u>over</u> 10,000 lbs. **
3. Gross Unladen Weight of Power Units ** Total should tie to page 8 # of Power Units				

### SCHEDULE OF OPERATING LEASES – REVENUE EQUIPMENT (Capital leases are to be included on Equipment Schedule)

Vehicle I.D. No. (VIN)	Year & Make	Type of Vehicle	Seating Capacity	Duration of Lease





**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	Annual In Service Mileage	Taxi Plate Number
<b>Total Mileage *</b>							

\* 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 \_\_\_\_\_ 2021.

SEAL

\_\_\_\_\_  
Notary Public