



CHANGE OF ADDRESS	<input type="checkbox"/>
COMPANY NAME	<input type="checkbox"/>
(Check box if applicable & denote change on page 3)	
CEASED OPERATION	<input type="checkbox"/>

ANNUAL REPORT
of
Passenger Carrier
to the
Alabama Public Service Commission

for the period ending
December 31, 2017

(due no later than April 30, 2018)

Return to:
Alabama Public Service Commission
Utility Enforcement Division
Motor Carrier Services
P O Box 304260
Montgomery, AL 36130

*****There is no fee connected to this annual report form. However, failure to return the form correctly completed will result in a revocation of APSC authority.*****

NOTICE

1. A person knowledgeable about motor carrier operations should complete the statistical portion of the annual report, and someone knowledgeable about accounting procedures should complete the financial reports portion.
2. This form shall be completed in duplicate. The **original** must be filed with the Alabama Public Service Commission by April 30 of the year following that year for which the report is made and a copy retained by the carrier. The information to be reported for each item shall cover all interstate and intrastate motor carrier operations including local service. The report shall be for a period ending on December 31 of each year. These reports are required to be under oath pursuant to Title 37 Section 3-2 and 3-25, Code of Alabama 1975.
3. Answers to the inquiries in the following forms must be complete. If **incomplete** the Annual Report **will not be accepted** and will be returned to the carrier.
4. All entries should be made in permanent ink not pencil.
5. If you feel that the following financial statements do not truly reflect your motor carrier's financial position, please attach any supplemental reports along with your accountant's comments.
6. If you are required to file a Federal Motor Carrier Safety Administration (FMCSA) annual report (M-1) you may attach a copy of that report but you must report the intrastate revenue separate from the interstate revenue. You may attach any supporting paperwork that you feel is necessary for the completion of your Annual Report.

Please note that the due date is no later than **April 30, 2018**. If you need to request an extension past that date you must do so in **writing prior to April 30**. If you are granted an extension, the new due date is no later than **June 29, 2018**. The extension must be granted in writing.

If you have any questions, please call toll free (888) 505-9047 or (334) 242-5176.

COMPANY NAME:

**ANNUAL REPORT of Motor Carrier Operations for the Year
Ending December 31, 2017**

I. PASSENGER CARRIER INFORMATION

OATH

I, the undersigned, _____,
(Name of Owner or Chief Officer) (Title of Affiant)

of the _____ on my oath do say that this return has been prepared under my
(Full Name of Reporting Company)

direction: that I have carefully examined the same, and declare that the same is a complete and correct statement, to the best of my knowledge.

State: _____ County of: _____ Date: _____ Signature: _____

Principal Officer of Company: _____ Title: _____

Telephone No: _____ Fax: _____ E-mail: _____

Company Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address in Alabama: _____ City: _____ State: _____ Zip: _____

APSC Certificate Numbers: _____

Permit (Contract) Numbers: _____

FMCSA MC No: _____ DOT No: _____

II. STATISTICS

Indicate percent of operation: _____ Taxi _____ Limousine _____ Charter Bus _____ FNP
_____ Regular Route Bus _____ Commuter _____ Other

Average number of power units used last year: _____ Number of Terminals in Alabama: _____

Total all miles traveled: _____ Percent of empty miles for all traveled: _____

Total miles traveled by Alabama authority: _____ Percent of empty miles for Alabama authority: _____

Comments: _____

III. FINANCIAL STATEMENTS FOR THE CALENDAR YEAR ENDING DECEMBER 31, 2017

Company Name:					
	2016	2017		2016	2017
Balance Sheet					
1. Total Current assets			4. Total Current Liabilities		
2. Total Non-Current Assets			5. Total Non-Current Liabilities		
			6. Total Capital/Equity		
3. Total Assets			7. Total Liabilities & Capital/Equity		
Income Statement			Statement of Changes in Capital/Equity		
8. Intrastate Revenue (Ala.)				2017	
9. Interstate and/or City Revenue			22. Beginning Capital/Equity (Line 6, 2015)		
10. Total Motor Carrier Revenue			23. Capital/Equity Issued		
11. Non-Motor Carrier Revenue			24. Dividends		
12. Total Operating Revenue			25. Net Income(Loss) From line 17		
13. Operating Expenses			26. Other (attach schedule)		
14. Non-Motor Carrier Expense			27. Ending Capital/Equity		
15. Total Operating Expense			NOTE: Line 27 = line 22 minus lines 23, and 24; plus lines 25, and 26		
16. Total Other Revenue/Expense					
17. Net Income (Loss)					
NOTE: Net Income =Revenue minus Expenses					
Retained Earnings			Motor Carriers Statistics		
18. Beginning Retained Earnings			28. Shortage/Damage Claims		
19. Net Income(Loss)			29. Operating Ratio		
20. Other(attach schedule)			Note: Divide line 13 by line 10		
21. Ending Retained Earnings					
Person Preparing This Page:					
		Name	_____		
		Title	_____		
		Telephone No.	_____		