

Class I — Motor Carriers of Property and Household Goods

Quarterly Report Calendar/Fiscal Year

QUARTER – Mark (X) ONE

1 2 3 4

IDENTIFICATION

MOTOR CARRIER NO. <input style="width:100%;" type="text"/>		U.S. DOT NO. <input style="width:100%;" type="text"/>	
Name of Company			
Trade or Doing Business As:			
Street Address			
City	State	ZIP Code	Telephone No. (Include Area code) ()

CONTACT (for purposes of this report)

Contact name	Title	Telephone No. (Include Area code) ()
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MAILING ADDRESS (if different from above)

Mailing Address		
City	State	ZIP Code

AFFILIATED COMPANIES:

Name	MC number (if any)	U.S. DOT number (if any)
Parent		
Affiliates		

— GENERAL INSTRUCTIONS —

- Use Generally Accepted Accounting Principles (GAAP)
- Report dollar values in whole dollars.
- Respond to each item. Use "0," "none," or "not applicable" as appropriate.
- Explain any unusual items, such as large differences between figures reported in the current report and those for the preceding report.
- Use parentheses to indicate negative numbers.

Operating Revenues

1. Freight operating revenue – intercity	\$
2. Household goods carrier operating revenue	\$
3. Other operating revenue	\$
4. Total Operating Revenue (Sum of lines 1 through 3) . .	\$

Operating Expenses

5. Freight operating expenses	\$
6. Household goods carrier operating expenses	\$
7. Total Operating Expenses (Sum of lines 5 and 6)	\$

Net Income (Loss) Calculation

8. Net Operating Income (Loss) (Line 4 minus line 7)	\$
9. Net Non-Operating Income (Loss).	\$
10. Interest expenses - show as a positive number	\$
11. Ordinary income (loss) before taxes (Sum of lines 8 and 9 minus line 10)	\$
12. Total provision for income taxes, extraordinary items, effect of accounting changes, and other items	\$
13. Net Income (Loss) (Line 11 minus line 12)	\$

Operating Statistics (all carriers)

14. Miles – intercity: highway	
15. Miles – intercity: rail, water, and air	
16. Tons – intercity	
17. Total freight bills (shipments and/or loads) – intercity . . .	

Certification – I hereby certify that this report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

Name	Signature
Title	Date

Return the completed form to:

U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
 OFFICE OF INFORMATION MANAGEMENT
 c/o VISTRONIX, INC.
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 MCLEAN, VA 22102

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