

ATTENTION

THIS ANNUAL REPORT FORM HAS CHANGED

PREVIOUS VERSIONS OF THIS FORM WILL NO LONGER
BE ACCEPTED

The two changes are explained here:

- ALL Annual Reports must be fully completed AND have the *company's financial statements attached*. The financial statement shall include the company's audited detailed balance sheet and income statements. If *audited financial statements* are not available, then unaudited financial statements will be accepted, noting that LPSC staff may request a copy of the audited financial statements once completed.
- Page 3 line 2 of the annual report now requires that the company breakout the LPSC regulated and unregulated expenses. *Total Regulated Operating Expenses* should include all expenses relating to the motor carrier's LPSC regulated operations including but not limited to office supplies, rent, utilities, advertising, other supplies and expenses, insurance, payroll and payroll related items, contract employees, accounting fees, lawyer fees, oil, lubricants and coolants, vehicle parts, vehicle maintenance, tires and tubes, fuel, etc. *Total Non-Regulated Operating Expenses* should include all other expenses that are NOT related to the motor carrier's LPSC regulated operations.

Line	Operating Expenses	\$ 100,000		\$ 200,000		\$ 300,000
2		<i>Regulated</i> Operating Expenses	+	Non-Regulated Operating Expenses	=	Total Operating Expenses

Blank copies of this updated form may be found on our website: https://lpsc.louisiana.gov/Carrier_AR

ATTENTION



Louisiana Public Service Commission

POST OFFICE BOX 91154
BATON ROUGE, LOUISIANA 70821-9154
Telephone: (888) 342-5717
(225) 342-4439

lpsc.louisiana.gov

ANNUAL REPORT

TO ALL INTRASTATE MOTOR CARRIERS AUTHORIZED TO TRANSPORT HOUSEHOLD GOODS, WASTE, PASSENGERS, CHARTER BUS SERVICES, AND NON-CONSENSUAL WRECKER/TOW SERVICES:

Attached you will find a blank **Annual Report Form**. If you misplace this form or need additional copies you may print a copy from our website or contact this office to obtain another copy. **IT IS THE CARRIER'S RESPONSIBILITY TO OBTAIN THE ANNUAL REPORT FORM EACH YEAR AND TO FILE IN A TIMELY MANNER.**

IT IS REQUIRED THAT THE REPORT BE NOTARIZED and it is the **CARRIER'S RESPONSIBILITY** to be able to prove the report was mailed **PRIOR** to the due date. Use a certificate of mailing or certified mail receipt (Green Card) through the United States Postal Service OR by using FedEx or UPS to our physical address LPSC 602 North 5th Street; Baton Rouge, LA 70802. ***MAKE SURE TO KEEP YOUR RECEIPT and tracking number along with a completed copy of the annual report for your records.***

The entire 4-page report properly completed and notarized must be received in this office on or before **April 30th** of each year for those filing on a calendar year basis and **one hundred twenty (120) days after** the fiscal year has ended for those filing on a fiscal year basis as required by General Order 2 dated July 21, 1921 and General Order dated April 23, 2001 amended March 18, 2021.

Annual Reports received after the April 30th due date (or the 120-day date for fiscal carriers) are subject to a **\$500.00 Late Filing Fee**. If the carrier is cited an additional Citation Fee of \$25.00 will be added to the \$500 Late Fee.

An **Extension** may be requested ***in writing prior*** to the deadlines above. The request **MUST** include your company's name, address, LPSC number, reason for requested extension and length of extension desired. You will be notified in writing if your request was accepted or denied.

Your correct certificate or permit number (LPSC #) or RI# (for Charter Buses) must be shown ALL pages of your report along with your name **as it appears on your certificate or permit of authority.**

ANNUAL REPORT INSTRUCTIONS

PAGE 1: **COVER PAGE** - List any changes to the company address, telephone and/or fax numbers and email, as well as listing the reporting year and type of authority(s) you hold.

PAGE 2: **GENERAL BUSINESS SUMMARY** ****IF YOUR BUSINESS HAS CLOSED YOU MUST CONTACT THIS OFFICE IMMEDIATELY!****

Items 1-7 - List business name, LPSC number(s), company representative contact information in regards to the report including their title, email and phone numbers, type of company, ownership information and recent changes to company name and ownership.

Line 8 - List other business terminals or locations if you conduct business at a location not listed on page 1.

PAGE 3: **INCOME STATEMENT/BALANCE SHEET** ****NEW** MUST ATTACH A COPY OF YOUR FINANCIAL STATEMENTS TO THIS REPORT** - Companies should use an **accrual** basis for regulatory reporting to the LPSC.

Using an accrual basis of accounting:

- (1) Income is accounted for as it is **earned** (or when the **service is performed**), although the money may be received at a later date; and,
- (2) Expenses are accounted for as they are **incurred**, although they may be paid at a later date.

Line 1 – Please state the percentage of your revenue that is **regulated intrastate***. To get this percentage, divide total regulated intrastate operating revenues by company’s total operating revenue earned (Total operating revenue is the total of both regulated and non-regulated revenues). For example, ABC, Inc. dba ABC Trucking had revenues from regulated intrastate operations of \$125,000 and total cumulative operating revenue of \$500,000; thus, $\$125,000 \div \$500,000 = 0.25$ or 25%.

* Regulated Intrastate Operating Revenues should include **only** regulated revenues for **intrastate** motor carrier operations as outlined in your current certificate. **Do not include** revenues earned from non-carrier operations, for example dividends, interest received or miscellaneous revenues from (a) sales of commodities, equipment or real estate (b) furnishing other services not necessary to accomplish actual transportation service.

Note: **Towing Companies** regulated intrastate revenues = All revenue received as a result of a **non-consensual** tow.
Waste & Saltwater Carriers regulated intrastate revenues = All revenue received as a result of for hire **Waste & Saltwater** transportation & disposal.
Passenger Carriers regulated intrastate revenues = All revenue received as a result of **operating 10 miles past** your domiciled municipality.
Household Goods Movers regulated intrastate revenues = All revenue received as a result of a **move within Louisiana**.

Line 2 – **Total Regulated Operating Expenses** should include all expenses relating to the motor carrier’s LPSC regulated operations (as outlined in instructions for Line 1 NOTE above) including but not limited to office supplies, rent, utilities, advertising, other supplies and expenses, insurance, payroll and payroll related items, contract employees, accounting fees, lawyer fees, oil, lubricants and coolants, vehicle parts, vehicle maintenance, tires and tubes, fuel, etc. **Total Non-Regulated Operating Expenses** should include all other expenses that are NOT related to the motor carrier’s LPSC regulated operations.

Line 3 - **Net Carrier Income:** monetary figure showing if you had a profit or loss for the year. **Total “Regulated Intrastate” Operating Revenue (Line 1 Column 1) Minus Total Intrastate Operating Expenses (Line 2 Column 1)** (If your company had a loss, zeros and/or negative numbers will be acceptable, and you MUST explain on page 3 item #7)

Line 4 **Total Assets** - Things you **own** that help operate the business
Total Accumulated Depreciation - Cumulative loss of the use of an asset over a period of time (or life) of the asset, i.e., a car is considered a 5-year asset, and with each year that passes, 1/5 of the useful life of the car is depreciated till the fifth year. Each year of depreciation for the car is accumulated in this account.

Line 5 **Liabilities** - Total Expenses **owed** that help operate the business
Equity – Total value of property minus any mortgage (or other liabilities relating to it) owed

Item 6 & 7- If your business’ regulated **intrastate** operating revenues had any unusual increases or decreases, was **dormant** temporarily or reported \$0 regulated revenue you must provide the reason.

Item 8- Identify if your company utilizes any owner/operators through leases under your authority.

Line 9 - List the number and type of vehicles used to conduct your LPSC regulated business.

PAGE 4: **SWORN STATEMENT**– The Annual Report **must be signed by a company representative in front of a NOTARY** or the Commission will **NOT** accept it. **If this report is prepared by an entity other than a company representative or employee, please have that preparer sign the report and include their name, name of their firm, a business address and phone number.**

EXAMPLE for completing **INCOME STATEMENT** and **BALANCE SHEET**

Information for ABC, Inc. dba ABC Trucking indicates that **only a portion** of the company's total revenue and expenses is **intrastate**. Shown below are consolidated or total revenues, expenses, assets, liabilities and depreciation. Also, please note for number 9 that ABC Trucking uses only trucks and tractors in its waste hauling business.

Total Operating Revenue: \$500,000 (\$125,000 of total operating revenue is derived from regulated intrastate activities.)
 Total Operating Expenses: \$300,000 (**Regulated** includes only those expenses that are related to regulated intrastate activities.)
 Total Assets: \$900,000
 Total Liabilities: \$500,000
 Total Accumulated Depreciation: \$100,000 (includes current depreciation expense of \$20,000)
 Owner's Equity: \$300,000

EXAMPLE

COMPANY NAME: ABC, Inc. dba ABC Trucking

LPSC# 1234-A Period Covering Revenue From Jan. 01, 2022 to Dec. 31, 2022

LINE	INCOME STATEMENT (INTRASTATE REVENUE AND EXPENSES)			
	MUST ATTACH A COPY OF YOUR FINANCIAL STATEMENTS TO THIS REPORT			
	COLUMN 1		COLUMN 2	COLUMN 3
1.	Intrastate Percentage (%)	\$ 125,000	\$ 500,000	25 %
	Total "Regulated <i>Intrastate</i> " Operating Revenue	÷	Total Operating Revenue	= Percentage (%) of revenue derived from regulated intrastate activities
2.	Operating Expenses (SEE INSTRUCTIONS)	\$ 100,000	\$ 200,000	\$ 300,000
	Regulated Operating Expenses	+	Non-Regulated Operating Expenses	= Total Operating Expenses
3.	Net Carrier Income	Total "Regulated Intrastate" Operating Revenue (Line 1 Column 1) Minus Total Intrastate Operating Expenses (Line 2 Column 1)		\$ 25,000
BALANCE SHEET				
Fill out even if revenue is zero				
4.	Total Net Assets	\$ 900,000	\$ 100,000	\$ 800,000
	Total Assets	-	Total Accumulated Depreciation	= Total Net Assets
5.	Liabilities & Equity	\$ 500,000	\$ 300,000	\$ 800,000
	Liabilities	+	Equity	= Total Liability & Equity

PLEASE NOTE: NET ASSETS (LINE 4) = TOTAL LIABILITIES & EQUITY (LINE 5)

REMINDER: Sometimes owner's equity may be a negative number.

6. Has any part of your operating authority been dormant or has there been any unusual increases or decreases in revenues or expenses over the preceding year's operations? YES* NO *If you answer yes please explain (attached letter if additional space is needed)

7. **DID YOUR COMPANY REPORT \$0 INTRASTATE REGULATED REVENUE ON LINE 1 ABOVE?** YES* NO
 *If you answer yes **YOU MUST EXPLAIN HERE:**

8. Does your company utilize leased owner/operators to operate under your LPSC authority? YES NO

9. List number of vehicles used in LPSC regulated operations.

TYPES OF VEHICLES	NUMBER OWNED	NUMBER LEASED	TOTAL
Passenger Vehicles:			
Limousines , Cars & Vans			
Buses (seating 16 passengers or more)			
Waste Vehicles:			
Vacuum Trucks and/or Vacuum Trailers	3	2	5
Roll-on/Roll-off - Dumps- End Dumps	1	1	2
All other types of waste disposal trucks			
All other types of waste disposal Trailers			
Towing & Recovery Vehicles:			
Light & Medium Duty			
Heavy Duty			
Rotator Units			
Household Moving:			
Trucks & Vans			
Household Moving Trailers			

LOUISIANA PUBLIC SERVICE COMMISSION

Transportation Division

Post Office Box 91154; Baton Rouge, LA 70821-9154

Telephone: (888) 342-5717 or (225) 342-4439

LPSC Website: lpsc.louisiana.gov

MOTOR CARRIER ANNUAL REPORT

REPORTS WITH BLANK LINES OR MISSING INFORMATION WILL BE REJECTED

GENERAL INFORMATION			
Legal Name		LPSC and/or RI	
DBA:			
Physical Address			
Physical City	Physical State	Physical Zip Code	
Mailing Address			
Mailing City	Mailing State	Mailing Zip Code	
COMPANY CONTACT INFORMATION			
Company Area Code and Phone Number:		Company Fax Number:	
E-Mail Address			
*** CALENDAR AND FISCAL YEAR INFORMATION - You must provide Calendar or Fiscal Year Information			
CALENDAR YEAR INFORMATION			
Calendar Year Ended Date: DECEMBER 31, 20		**If calendar year-end, this report is due APRIL 30th** (Example, business year ends 12/31/08, due no later than April 30, 2009)	
FISCAL YEAR ENDED INFORMATION			
Month	Day	Year	**Must be filed within 120 days after the last day of business' fiscal year end**
COMPANY CLASSIFICATION - Check All That Apply			
<input type="checkbox"/> Household Goods Mover	<input type="checkbox"/> Non-Consensual Towing	<input type="checkbox"/> Passenger (15 & less)	<input type="checkbox"/> Charter Bus (16 or more)
<input type="checkbox"/> Waste Hauler	<input type="checkbox"/> Saltwater Hauler	<input type="checkbox"/> Dispatched Taxi Service	

IMPORTANT INFORMATION:

Please **notarize** this report and make a copy for your company records. It is advisable that you send the annual report through certified mail with a return receipt or acquire a certificate of mailing that is available through the U.S. Postal Service. It is the Carrier's responsibility to have proof of mailing.

A late fee of **\$500** will be assessed against your LPSC account for failure to file this report on or before your due date and if your company is cited an **additional \$25** will be due with a possible loss of your operating authority.

GENERAL BUSINESS SUMMARY

IF YOUR BUSINESS HAS CLOSED OR CEASED OPERATING IN LOUISIANA YOU MUST CONTACT THIS OFFICE IMMEDIATELY!

1. Company Name: _____
2. Louisiana Public Service Commission authority number(s): _____
3. List person or company employee, to whom communication concerning this report should be addressed and/or upon whom legal process is to be served:
 Name _____ Title _____
 E-Mail: _____ Phone: _____

4. Has the **status** of your business changed from what was reported in previous years? YES* NO

*If you answered yes **check the new status** below.

<input type="checkbox"/> Private Ownership	Date of Change _____
<input type="checkbox"/> Louisiana Domestic Corporation	Date of Incorporation _____
<input type="checkbox"/> Louisiana Domestic Limited Liability Company (LLC)	Date of Formation _____
<input type="checkbox"/> Louisiana Domestic Partnership	Date of Formation _____
<input type="checkbox"/> Louisiana Limited Liability Partnership	Date of Formation _____
<input type="checkbox"/> Foreign* Corporation in the State of _____	Date of Incorporation _____
<input type="checkbox"/> Foreign* Limited Liability Company (LLC) in the State of _____	Date of Formation _____
<input type="checkbox"/> Foreign* Partnership in the State of _____	Date of Formation _____

5. **List Company's owner(s)** as of the end of this reporting year, **percentage** of company they own and number of shares of stock held by each (if applicable) attach list, if necessary.

****MUST COMPLETE EVEN IF YOU ARE A PRIVATE OWNERSHIP****

Company's Owner(s)	Percentage of Ownership	Number of Shares (if applicable)

6. Has a **change in ownership** occurred during this reporting year? YES* NO

*If you answered yes list the name of the new owner(s) and date of change below:

7. Has the **name of your company changed** in any manner from that authorized by your certificate? YES* NO

*If you answered yes list new name: _____

Date of change* _____

(*NOTE: If you answered **yes to numbers 4, 6 or 7 above**, then those name and/or ownership changes must be filed with the LPSC. Please visit our web site, lpsc.louisiana.gov to download appropriate form(s) or contact us via phone to request the form(s) if you have not done so already.)

8. List **other business terminals or locations** in Louisiana your company operated from during this reporting year not listed on page 1. (If space provided is not sufficient, attach additional information on a separate paper.)

Name of Manager(s)	Physical Location

COMPANY NAME: _____

LPSC# _____ Period Covering Revenue From _____ to _____

LINE	INCOME STATEMENT (INTRASTATE REVENUE AND EXPENSES)			
	NEW MUST ATTACH A COPY OF YOUR FINANCIAL STATEMENTS TO THIS REPORT			
	COLUMN 1		COLUMN 2	COLUMN 3
1.	Intrastate Percentage (%)	\$	\$	%
	Total "Regulated Intrastate" Operating Revenue (see instructions)	÷	Total Operating Revenue	= Percentage (%) of revenue derived from regulated intrastate activities
2.	Expenses (SEE INSTRUCTIONS)	\$	\$	\$
	Regulated Operating Expenses	+	Non-Regulated Operating Expenses	= Total Operating Expenses
3.	Net Carrier Income	Total "Regulated Intrastate" Operating Revenue (Line 1 Column 1) Minus Total Intrastate Operating Expenses (Line 2 Column 1)		= \$
BALANCE SHEET				
Fill out even if revenue is zero				
4.	Net Assets	\$	\$	\$
	Total Assets	-	Total Accumulated Depreciation	= Total Net Assets
5.	Liabilities & Equity	\$	\$	\$
	Liabilities	+	Equity	= Total Liability & Equity

PLEASE NOTE: NET ASSETS (LINE 4) = TOTAL LIABILITIES & EQUITY (LINE 5)
 REMINDER: Sometimes owner's equity may be a negative number.

6. Has any part of your operating authority been dormant or has there been any **unusual** increases or decreases in revenues or expenses over the preceding year's operations? YES* NO *If you answer yes please explain (attached letter if additional space is needed)

7. **DID YOUR COMPANY REPORT \$0 INTRASTATE REGULATED REVENUE ON LINE 1 ABOVE?** YES* NO
 *If you answer yes **YOU MUST EXPLAIN HERE:**

8. Does your company utilize leased owner/operators to operate under your LPSC authority? YES NO

9. List number of vehicles used in LPSC regulated operations below.

Types Of Vehicles	Number Owned	Number Leased	Total
Passenger Vehicles:			
Limousines , Cars & Vans			
Buses (seating 16 passengers or more)			
Waste Vehicles:			
Vacuum Trucks and/or Vacuum Trailers			
Roll-on/Roll-off - Dumps- End Dumps			
All other types of waste disposal Trucks			
All other types of waste disposal Trailers			
Towing & Recovery Vehicles:			
Light & Medium Duty			
Heavy Duty			
Rotator Units			
Household Moving:			
Trucks & Vans			
Household Moving Trailers			

COMPANY NAME: _____

LPSC# _____ Period Covering Revenue From _____ to _____

NOTARIZE THIS REPORT OR IT WILL BE CONSIDERED INCOMPLETE

SWORN STATEMENT OF COMPANY REPRESENTATIVE TO BE COMPLETED IN FRONT OF NOTARY

STATE OF _____ **PARISH/COUNTY OF** _____

REQUIRED

REQUIRED

BEFORE ME, the undersigned authority, personally came and appeared _____, who,
[REQUIRED PRINT NAME OF COMPANY REPRESENTATIVE]

after being duly sworn, did depose and say that his/her **title or position** is _____
[REQUIRED PRINT REPRESENTATIVE'S TITLE OR POSITION]

and that he/she has examined this report and accompanying schedules and statements, and they are true, correct, and complete. Affiant understands that this report may be shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees and further understands that if this report is received after the due date that a late fee will be assessed.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____

SIGNATURE OF COMPANY REPRESENTATIVE
REQUIRED

NOTARY PUBLIC
(Signature, Seal & Number)

Paid Preparer's Use Only (LEAVE THIS SECTION BLANK IF THIS REPORT WAS PREPARED BY THE COMPANY OFFICER/OWNER OR A COMPANY REPRESENTATIVE)

Print Preparer's name ► _____

Preparer's Firm's name ► _____

Firm's address ► _____

Phone No. ► _____ Email ► _____

I have compiled the accompanying annual report of the above named company and the related statements of revenues & expenses for the period shown above. I have not audited or reviewed the financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are true and correct. The owners are responsible for the preparation and fair presentation of the information contained herein. **As the preparer I have advised my client to review this report and that they must complete the SWORN STATEMENT section above in front of a notary.**

Preparer's
Signature: _____ Date _____

It is the Carrier's responsibility to have proof of mailing this report.

After completion send this report to the Louisiana Public Service Commission - Transportation Division by using one of the following methods:

United States Postal Service: address to P.O Box 91154; Baton Rouge, LA 70821 using priority, certified or "certificate of mailing" a requesting a return receipt.

FEDEX or UPS: address to 602 North 5th Street Baton Rouge, LA 70802 by "overnight or priority" and obtain a tracking number.