

**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.

U.S. DOT NO.

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)  
(     )

## 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. <b>Total Operating Revenue</b> (Sum of lines 1 through 3) .. | \$ |

### Operating Expenses

- |   |    |
|---|----|
| 5. Freight operating expenses .....                             | \$ |
| 6. Household goods carrier operating expenses .....             | \$ |
| 7. <b>Total Operating Expenses</b> (Sum of lines 5 and 6) ..... | \$ |

### Net Income (Loss) Calculation

- |   |    |
|---|----|
| 8. <b>Net Operating Income (Loss)</b> (Line 4 minus line 7) ...   | \$ |
| 9. Net Non-Operating Income (Loss) .....  | \$ |
| 10. Interest expenses - show as a positive number .....   | \$ |
| 11. <b>Ordinary income (loss) before taxes</b><br>(Sum of lines 8 and 9 minus line 10) .....                      | \$ |
| 12. Total provision for income taxes, extraordinary items,<br>effect of accounting changes, and other items ..... | \$ |
| 13. <b>Net Income (Loss)</b> (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.  
8401 GREENSBORO DRIVE, SUITE 500  
MCLEAN, VA 22102

Phone: (202) 366-4383  
Fax: (703) 749-8480  
Email: [fos@fmcsa.dot.gov](mailto:fos@fmcsa.dot.gov)  
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