

**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. 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.
8401 GREENSBORO DRIVE, SUITE 500
MCLEAN, VA 22102

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