

# 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 type="text"/>		U.S. DOT NO. <input 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 . . . . .	\$
<b>4. Total Operating Revenue</b> (Sum of lines 1 through 3) . . . . .	\$

### Operating Expenses

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

### Net Income (Loss) Calculation

<b>8. Net Operating Income (Loss)</b> (Line 4 minus line 7) . . . . .	\$
9. Net Non-Operating Income (Loss) . . . . .	\$
10. Interest expenses - show as a positive number . . . . .	\$
<b>11. Ordinary income (loss) before taxes</b> (Sum of lines 8 and 9 minus line 10) . . . . .	\$
12. Total provision for income taxes, extraordinary items, effect of accounting changes, and other items . . . . .	\$
<b>13. 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 ADMIN.  
 OFFICE OF INFORMATION MANAGEMENT  
 ROOM 8214  
 400 7TH STREET, SW  
 WASHINGTON, D.C. 20590

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 Fax: (202) 366-3477  
 Web site: [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)