

MOTOR CARRIER IDENTIFICATION NUMBER _____

2016 ANNUAL REPORT FORM

Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604-4027

INTRASTATE COMMON CARRIERS OF HOUSEHOLD GOODS

(Name of Motor Carrier)

(Street)

(Box Number)

(City)

(State)

(Zip Code)

Name, address and telephone number of individual to contact relative to any questions concerning this report.

Revised 01/17

INSTRUCTIONS

1. This report shall be completed in duplicate and **ONE NOTARIZED COPY RETURNED TO THE STATE CORPORATION COMMISSION, 1500 SW ARROWHEAD ROAD, TOPEKA, KANSAS 66604-4027. ON OR BEFORE MAY 1, 2017.** The other completed copy shall be retained by the carrier in its files. An explanation of all columns, lines and account content shall be followed as described in the Uniform System of Accounts. Round all monetary figures to the nearest dollar, do not show cents.
2. If you operate any other business or have a private or contract carrier permit, do NOT include any revenue or expenses derived from that operation in this report.
3. This report should cover the operations for a full calendar or a full fiscal year. If you did not operate for a full year, the report should cover that period which you did operate. Designate under which period you did operate in the space provided at the top of each page.
4. If it is necessary or desirable to attach additional statements to this report, they should be made legibly on durable paper and attached securely.
5. Depreciation should be calculated on a straight-line basis.
6. If you had motor carrier operations outside Kansas, please allocate your expenses by one of the three following methods:
 - ❖ Divide your Kansas intrastate revenue by your total system revenue and take that percentage times your total system expenses to arrive at your intrastate expenses.
 - ❖ Divide your Kansas intrastate mileage by your total system mileage and take that percentage times your total system expenses to arrive at your Kansas intrastate expenses.
 - ❖ Other method (Please explain) _____

7. All carriers must make a good – faith effort to file this report before the deadline of May 1, 2017. Carriers not complying with this filing deadline may be issued a citation to appear before this commission with the consequences being the possible loss of their Kansas intrastate operating authority.
8. Should any questions arise relative to the information requested herein, please contact the Transportation Division, Telephone number 785-271-3151.

BALANCE SHEET STATEMENT

Year ending December 31, 2016

Line No.	ASSETS		AMOUNT IN DOLLARS
1.	CURRENT ASSETS:		
2.	Cash and working funds		_____
3.	Special deposits		_____
4.	Notes receivable		_____
5.	Accounts receivable		_____
6.	Prepayments		_____
7.	Other current assets (including materials and supplies)		_____
8.	TOTAL CURRENT ASSETS (Line 2+3+4+5+6+7).....		_____
9.	<u>PROPERTY AND INVESTMENTS:</u>		
10.	Tangible property:		
11.	Total carrier property	_____	
12.	Less: accumulated depreciation	_____	
13.	Net Carrier property (Line 11 minus 12)		_____
14.	Intangible property:		
15.	Franchises and permits (NET of amortization)	_____	
16.	Goodwill and other	_____	
17.	Total tangible property (Line 15+16)		_____
18.	Total investments and advances		_____
19.	TOTAL PROPERTY AND INVESTMENTS (Line 13+17+18).....		_____
20.	Total other debts and other assets		_____
21.	TOTAL ASSETS (line 8+19+20)		_____

Line No.	ASSETS		AMOUNT IN DOLLARS
22.	<u>CURRENT AND ACCURED LIABLILITES:</u>		
23.	Notes payable (within one year)		
24.	Equipment due	_____	
25.	Others	_____	
26.	Total notes payable within one year (Line 24+25).....		_____
27.	Accounts payable to:		
28.	Trade and interline	_____	
29.	Owners, officers and affiliates	_____	
30.	Taxes payable	_____	
31.	Total accounts payable (Line 28+29+30)		_____
32.	TOTAL CURRENT AND ACCURED LIABLILITES (Line 26+31).....		_____
33.	<u>EQUIPMENT AND OTHER LONG TERM OBLIGATIONS:</u>		
34.	Equipment obligations	_____	
35.	Real Estate obligations	_____	
36.	Owing to owners, officers and affiliates	_____	
37.	Other long tern obligations	_____	
38.	TOTAL EQUIPMENT AND OTHER LONG TERM OBLIGATIONS (Line 34+35+36+37)		_____
39.	<u>EQUITY:</u>		
40.	Capital stock	_____	
41.	Capital surplus	_____	
42.	Retained earnings	_____	
43.	TOTAL EQUITY (Line 40+41+42)		_____
44.	TOTAL LIABLILITIES AND EQUITY (Line 32+38+43)		_____

NOTE: This explanation for this form is in the Uniform Systems of Accounts Manual.

OPERATING REVENUES STATEMENT
FOR ACCOUNT 3500 REVENUE
Year ending December 31, 2016 or Fiscal Year _____

Line No.	Class No.	Description By Class of Service Provided	Kansas Intrastate Motor Carrier		Other Than Kansas Intrastate Motor Carrier Common Carrier Revenue C	System Total Motor Carrier Revenue D (Col. A+B+C)
			Bureau Tariff Revenue A	Non-Bureau Tariff Revenue B		
1.	A	KMCA Tariff 40 – Household Goods:				
	B	Line haul Revenue.....	_____	_____	_____	_____
		Accessorial Revenue	_____	_____	_____	_____
2.		Other Motor Carrier Services	_____	_____	_____	_____
3.		_____	_____	_____	_____
4.		_____	_____	_____	_____
5.		_____	_____	_____	_____
6.		Total Gross Revenue (Line 1+2+3+4+5)	_____	_____	_____	_____

OPERATING EXPENSE STATEMENT
Year ending December 31, 2016 or Fiscal Year _____

Expense Account Number	Description By Class of Expense Provided	Kansas Intrastate Motor Carrier		Other Than Kansas Intrastate Motor Carrier Common Carrier Revenue C	System Total Motor Carrier Revenue D (Col. A+B+C)
		Bureau Tariff Revenue A	Non-Bureau Tariff Revenue B		
4100	Salaries and Fringes, All Employees (Exclude owner / partners see account 8730)	_____	_____	_____	_____
4500	General operating Supplies and Other Expenses (Exclude motor vehicle fuel)	_____	_____	_____	_____
4510	Motor vehicle fuel (Include Fuel Tax)	_____	_____	_____	_____
4700	Operating Taxes and Licenses	_____	_____	_____	_____
4800	Insurance (Exclude Public Liability and Property damage)	_____	_____	_____	_____
4810	Public Liability and Property damage Insurance	_____	_____	_____	_____
5100	Communication and Utilities	_____	_____	_____	_____
5300	Depreciation and Amortization.....	_____	_____	_____	_____
5400	Vehicle Rent and Purchased Transportation	_____	_____	_____	_____
5500	Building Office and Equipment Rents	_____	_____	_____	_____
5700	Bad Debt – (accrual basis only)	_____	_____	_____	_____
5900	Miscellaneous Operating Expenses	_____	_____	_____	_____
6000	Total All Operating Expenses	_____	_____	_____	_____

OPERATING EXPENSE STATEMENT
Year ending December 31, 2016 or Fiscal Year _____

Account Number	Line No.	Description By Class of Service Provided	Kansas Intrastate Motor Common Carrier		Other Than Kansas Intrastate Motor Common Carrier Revenue & Expense C	System Total Motor Carrier Revenue & Expense D (Col. A+B+C)
			Bureau Tariff Revenue & Expense A	Non-Bureau Tariff Revenue & Expense B		
	1.	System Gross Operating Revenue (Page 4, Line 6).....	_____	_____	_____	_____
	2.	Less: Total System Operating Expenses (Page 4, Account 6000).....	_____	_____	_____	_____
	3.	NET REVENUE AFTER SYSTEM	_____	_____	_____	_____
		OPERATING EXPENSE (Line 1, Minus 2)	_____	_____	_____	_____
		OTHER INCOME:.....	_____	_____	_____	_____
8200	4.	Miscellaneous Non-Operating Revenue	_____	_____	_____	_____
8215	5.	Lease Income of Distinct unit (Credit)	_____	_____	_____	_____
8225	6.	Interest Income & Divided Income	_____	_____	_____	_____
8290	7.	Gain on Sale Assets.....	_____	_____	_____	_____
	8.	Total Other Income (Line 4+5+6+7).....	_____	_____	_____	_____
		OTHER EXPENSES				
8300	9.	Miscellaneous Non-Operating Expenses.....	_____	_____	_____	_____
8315	10.	Less Expenses for Distinct Operating unit (Debt).....	_____	_____	_____	_____
8600	11.	Interest Paid Out – Motor Carrier Operations Only	_____	_____	_____	_____
8710	12.	Federal, State and Other Taxes.....	_____	_____	_____	_____
8730	13.	Owner’s / Partners Salaries or Withdrawals.....	_____	_____	_____	_____
8790	14.	Loss of Sale Assets.....	_____	_____	_____	_____
8900	15.	Extraordinary Items & Accounting Charges	_____	_____	_____	_____
8950	16.	Customer Solicitation Expenses	_____	_____	_____	_____
	17.	Total Other Expenses (Line 9+10+11+12+13+14+15+16)	_____	_____	_____	_____
	18.	TOTAL OTHER INCOME OR (EXPENSES) (Line 8, Minus 17).....	_____	_____	_____	_____
9000	19.	NET INCOME OR (LOSS) (Line 3 Plus or Minus Line 18)	_____	_____	_____	_____

Number of revenue freight equipment owned and leased vehicles used in motor carrier operations as of December 31, 2016.				
		Number of Vehicles Owned	Number of Vehicles Leased From Others	Total
1.	Straight Trucks			
2.	Truck Tractors			
3.	Trailers			
4.	Other			

I, the undersigned, on my oath do say that the above information and statistics have been prepared under my direction from the original books, papers and records of said Company; that I have examined the same, and declare the same to be a complete and correct statement of the business and affairs of the said Company, to the best of my knowledge, information and belief.

(President or owner or the chief officer)

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____, 20_____

Notary _____

My Commission Expires _____, 20_____

NOTE: This oath shall be executed by the owner or one of the owners if the carrier is not incorporated. If incorporated, the oath shall be executed by the president or the chief officer. It shall be signed by a Public Notary.