MP-1

Quarterly and annual report to the
Federal Motor Carrier Safety Administration

Approved by OMB: 2126-0031
Expires: 6-30-2006

Quarterly and Annual Report Form
Motor Carriers of Passengers

Calendar/Fiscal Year

Carrier name and address

_____

_____

_____

_____

MC Number: _____

1. _____ Period covered (check one):

1	2	3	4	A
❍	❍	❍	❍	❍

2. Type of operation based on major sources of revenues (check one):

❍ Regular route service
❍ Charter service

3. If respondent is a consolidated group, list and describe all entities making up the consolidation.

_____

_____

4. If a merger, consolidation, or change in the company or consolidated group occurred during the year, please describe.

_____

_____

Instructions - please see the following page for instructions and footnotes on individual items.

	Respondent only	Consolidated
5. Number of Passengers:		
(a) Intercity regular route	_____	_____
(b) Charter or special	_____	_____
(c) Local or commuter	_____	_____
(d) Total passengers	_____	_____

6. Revenue:		
(a) Intercity regular route		
(b) Charter or special		
(c) Local or suburban		
(d) Express and other revenue		
(e) Total operating revenue		
7. Total Operating Expenses		
8. Net Operating Income (Loss)		
9. Other Income (Deductions)		
10. Extraordinary Items, Net of Taxes		
11. Total Provision for Income Taxes		
12. Net Income (Loss)		
13. Total Assets		
14. Total Liabilities		
15. Shareholders' Equity		
16. Operating Ratio		

Certification:

I certify that this form was prepared by me or under my supervision, that I have examined it, and that the items reported on the basis of my knowledge and belief are correctly shown.

Your name (print or type) Official title

Address

City, State, Zip Telephone No. (including area code)

Signature Date