Montana Public Service Commission
Motor Carrier Annual Report

Report must be filed on or before March 31st each year

All annual report filings must be signed by an owner or officer of the company and notarized by a notary public. (oath page)

Carrier Name
(EXACTLY AS SHOWN ON PSC AUTHORITY)

CARRIE ANNE PINTAR DAA Amazing Taxi

PSC Number
9466
See General Instruction # 5

See General Instruction # 1

Reporting Year
2017

Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format
01 17 to 12 17

CARRIER ADDRESS

PO Box 138 Livingston MT 59047

City

State

Zip

Check

Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?

YES

NO

Check

If the answer to the above question is NO do you want your official address changed to that shown above?

YES

NO

Carrier e-mail address

carran@yahoocom

optional

Person Completing Report

Name
CARRIE A PINTAR

Phone Number
406-223-5344

E-mail Address
amazing taxi@yahoo.com

optional

Check One

DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?

YES

NO

If NO See General instruction # 3

Montana Public Service Commission
Transportation Division
1701 Prospect Avenue / PO Box 202601
Helena, MT 59620-2601
## SCHEDULE 1

### INCOME STATEMENT

<table>
<thead>
<tr>
<th>Operating Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intrastate Revenue</td>
<td></td>
</tr>
<tr>
<td>2. Interstate Revenue</td>
<td>62,260</td>
</tr>
<tr>
<td>3. Non-Regulated Revenue</td>
<td></td>
</tr>
<tr>
<td>4. TOTAL REVENUE</td>
<td>62,260</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Salaries—Officers &amp; Supervisory Personnel</td>
<td></td>
</tr>
<tr>
<td>6. Salaries &amp; Wages</td>
<td></td>
</tr>
<tr>
<td>7. Clerical &amp; Administrative</td>
<td></td>
</tr>
<tr>
<td>8. Drivers &amp; Helpers</td>
<td></td>
</tr>
<tr>
<td>9. Cargo Handlers</td>
<td></td>
</tr>
<tr>
<td>10. Vehicle Repair &amp; Service</td>
<td></td>
</tr>
<tr>
<td>11. Other Labor</td>
<td></td>
</tr>
<tr>
<td>12. Payroll Taxes</td>
<td></td>
</tr>
<tr>
<td>13. Workman's Compensation</td>
<td></td>
</tr>
<tr>
<td>14. Pension &amp; Welfare Expenses</td>
<td></td>
</tr>
<tr>
<td>15. Operating Supplies &amp; Expenses</td>
<td></td>
</tr>
<tr>
<td>16. Fuel for Motor Vehicles</td>
<td></td>
</tr>
<tr>
<td>17. Vehicle Parts</td>
<td></td>
</tr>
<tr>
<td>18. Other Operating Supplies &amp; Expenses</td>
<td></td>
</tr>
<tr>
<td>19. General Supplies &amp; Expenses</td>
<td></td>
</tr>
<tr>
<td>20. Operating Taxes &amp; Licenses</td>
<td></td>
</tr>
<tr>
<td>21. Gas, Fuel and Oil Taxes</td>
<td></td>
</tr>
<tr>
<td>22. Real Estate &amp; Personal Property Taxes</td>
<td></td>
</tr>
<tr>
<td>23. Vehicle License &amp; Registration Fees</td>
<td></td>
</tr>
<tr>
<td>24. Other Taxes</td>
<td></td>
</tr>
<tr>
<td>25. Insurance</td>
<td></td>
</tr>
<tr>
<td>26. Communications &amp; Utilities</td>
<td></td>
</tr>
<tr>
<td>27. Depreciation &amp; Amortization</td>
<td></td>
</tr>
<tr>
<td>28. Revenue Equipment</td>
<td></td>
</tr>
<tr>
<td>29. Other</td>
<td></td>
</tr>
<tr>
<td>30. Purchased Transportation</td>
<td></td>
</tr>
<tr>
<td>31. With Driver</td>
<td></td>
</tr>
<tr>
<td>32. Without Driver</td>
<td></td>
</tr>
<tr>
<td>33. Other Purchased Transportation</td>
<td></td>
</tr>
<tr>
<td>34. Building &amp; Office Equipment Rents</td>
<td></td>
</tr>
<tr>
<td>35. Gain or Loss on Disposition of Operating Assets</td>
<td></td>
</tr>
<tr>
<td>36. Miscellaneous Expenses</td>
<td></td>
</tr>
<tr>
<td>37. TOTAL EXPENSES</td>
<td>57,598</td>
</tr>
<tr>
<td>38. NET INCOME OR LOSS</td>
<td>10,530</td>
</tr>
</tbody>
</table>
CARRIE A PINTAR

A. Principal business or profession, including product or service (see instructions)
   Cab company, Taxi Service

B. Enter code from instructions
   485300

C. Business name. If no separate business name, leave blank.
   Amazing Taxi

D. Employer ID number (EIN), (see instr.)

E. Business address (including suite or room no.)
   P O BOX 1138

F. City, town or post office, state, and ZIP code
   Livingston, MT 59047

G. Accounting method:
   (1) X Cash
   (2) □ Accrual
   (3) □ Other (specify)

H. Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses
   Yes □ No X

I. If you started or acquired this business during 2017, check here
   □

J. Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)
   Yes □ No X

K. If "Yes," did you or will you file required Forms 1099?
   Yes □ No

Part I. Income

1. Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked
   □

2. Returns and allowances

3. Subtract line 2 from line 1

4. Cost of goods sold (from line 42)

5. Gross profit. Subtract line 4 from line 3

6. Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

7. Gross Income. Add lines 5 and 6

Part II. Expenses. Enter expenses for business use of your home only on line 30.

8. Advertising

9. Car and truck expenses (see instructions)
   9

10. Commissions and fees

11. Contract labor (see instructions)

12. Depletion

13. Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

14. Employee benefit programs (other than on line 19)

15. Insurance (other than health)

16. Interest:
   a. Mortgage (paid to banks, etc.)
   b. Other

17. Legal and professional services

18. Office expense (see instructions)

19. Pension and profit-sharing plans

20. Rent or lease (see instructions):

21. Repairs and maintenance

22. Supplies (not included in Part III)

23. Taxes and licenses

24. Travel, meals, and entertainment:

25. Utilities

26. Wages (less employment credits)

27. Other expenses (from line 48)

28. Total expenses before expenses for business use of home. Add lines 8 through 27a

29. Tentative profit or (loss). Subtract line 28 from line 7

30. Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: Enter the total square footage of:
(a) your home:
(b) the part of your home used for business:

Worksheet in the instructions to figure the amount to enter on line 30

   □

32. If you have a loss, check the box that describes your investment in this activity (see instructions).
   □

32a. All investment is at risk.

32b. Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017
<table>
<thead>
<tr>
<th>PSC #</th>
<th>9400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2017</td>
</tr>
</tbody>
</table>

**SCHEDULE 2**

**BALANCE SHEET**

(ASSETS)

**CURRENT ASSETS**
1. Cash & Working Funds 39,000
2. Special Deposits
3. Temporary Cash Investments
4. Notes Receivable
5. Accounts Receivable
6. Prepayments
7. Materials & Supplies
8. Other Current Assets
9. **TOTAL CURRENT ASSETS** 37,000

**TANGIBLE PROPERTY**
10. Carrier Operating Property 30,000
11. Less: Reserve for Depreciation
12. Carrier Operating Property Leased to Others
13. Less: Reserve for Depreciation
14. Non-Carrier Operating Property
15. Less: Reserve for Depreciation
16. **TOTAL TANGIBLE PROPERTY** 300,000

**INTANGIBLE PROPERTY**
17. Organization, Franchises & Permits 0
18. Less: Reserve for Amortization
19. Other Intangible Property
20. Less: Reserve for Amortization
21. **TOTAL INTANGIBLE PROPERTY** 0

22. Total Investment Securities and Advances
23. Total Special Funds
24. Total Deferred Debits

25. **TOTAL ASSETS** 3037,000
<table>
<thead>
<tr>
<th>PSC #</th>
<th>914-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2017</td>
</tr>
</tbody>
</table>

**SCHEDULE 2**

**BALANCE SHEET**

(LIABILITIES)

<table>
<thead>
<tr>
<th>CURRENT LIABILITIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Notes Payable &amp; Matured Long Term Obligations</td>
<td>161,840</td>
</tr>
<tr>
<td>27 Accounts Payable</td>
<td>11,780</td>
</tr>
<tr>
<td>28 Wages Payable</td>
<td></td>
</tr>
<tr>
<td>29 C.O.D.'s Unremitted</td>
<td></td>
</tr>
<tr>
<td>30 Taxes Accrued</td>
<td></td>
</tr>
<tr>
<td>31 Interest Accrued</td>
<td></td>
</tr>
<tr>
<td>32 Matured Interest</td>
<td></td>
</tr>
<tr>
<td>33 Other Current Liabilities</td>
<td></td>
</tr>
<tr>
<td>34 TOTAL CURRENT LIABILITIES</td>
<td>194,320</td>
</tr>
</tbody>
</table>

**LONG TERM DEBT DUE WITHIN ONE YEAR**

| 35 Equipment Obligations and other Debt |          |

**LONG TERM DEBT DUE AFTER ONE YEAR**

| 36 Advances Payable |          |
| 37 Equipment Obligations |        |
| 38 Less reacquired and nominally issued |          |
| 39 Other Long Term Obligations |        |
| 40 Less reacquired and nominally issued |          |
| 41 TOTAL LONG TERM DEBT | 144,593 |

| 42 Total Deferred Credits |          |
| 43 Total Reserves |          |

**SHAREHOLDERS' (OR PROPRIETORS') EQUITY**

| 44 Total Capital Stock |          |
| 45 Total Proprietors' Capital |        |
| 46 Total Retained Earnings |        |
| 47 TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY | 133,893 |

**TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY**

**DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS**
SCHEDULE 3

INTRASTATE OPERATING REVENUE

Complete the following Schedule reflecting intrastate operating revenue.

<table>
<thead>
<tr>
<th>INTRASTATE REVENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household Goods</strong></td>
</tr>
<tr>
<td><strong>Passengers</strong></td>
</tr>
<tr>
<td><strong>Class C</strong></td>
</tr>
<tr>
<td><strong>Class D (Garbage)</strong></td>
</tr>
</tbody>
</table>

*Class D carriers NOT HAVING $5,000 gross revenue from Class D transportation go to Schedule 4.*

*Class D carriers not generating $5,000 gross revenue from Class D transportation or serving twenty (20) customers each month, go to Schedule 5.*

**TOTAL INTRASTATE REVENUE**

*Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.*
OATH

STATE OF ____________________________

SS.

County of ____________________________

I, the undersigned Carrie A. Pitar of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and record of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct statement of the business and affairs of said motor carrier in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief; and I further say that no deductions were made before stating the gross earnings or receipts herein set forth except those shown in the foregoing accounts; and that the accounts and figures contained in the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

(Signature of owner/officer/authorized representative)

Owner ____________________________

(Title)

SUBSCRIBED AND SWORN to before me this 24th day of July, 2018.

(Seal)

REBECCA S BOEHLER
NOTARY PUBLIC for the State of Montana
Residing at Livingston, Montana
My Commission Expires June 02, 2022

Notary Public

In and for the State of ____________________________
Residing at ____________________________
My Commission Expires ____________________________