

# Transportation CARRIER ANNUAL REPORT

## HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS OF

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Exact Legal Name of Respondent (Include DBA Name if Applicable)

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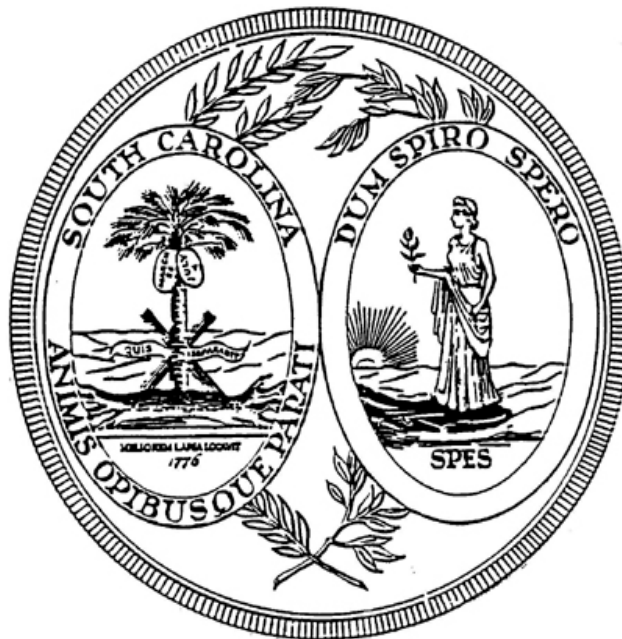
PSC/ORS Number (leave blank)

### FOR THE YEAR ENDED 2021

Calendar Year Ending December 31, 2021

or

Fiscal Year Ending \_\_\_\_\_



## Company Information

### Identification and Contact Information

Date: \_\_\_\_\_

Check:    Limited Liability Co.    Corporation    Sole Proprietorship

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

### Contact (for purposes of this report, if different from above)

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## **GENERAL INSTRUCTIONS**

1. All Transportation Companies are required by state law to complete and file an annual report.  
By April 1, 2022, one electronic copy of this report should be submitted to the S.C. Public Service Commission email address [AnnualReports@psc.sc.gov](mailto:AnnualReports@psc.sc.gov). In addition, one electronic copy should be retained by the Company. Filing this electronic copy with the S.C. Public Service Commission will satisfy the utility's responsibility for submitting an annual report as required pursuant to Commission regulations.
2. All forms are available in PDF format on the Office of Regulatory Staff's website at [ors.sc.gov](http://ors.sc.gov).
3. Where no information is available for an item in the report, "0," None, or Not applicable are appropriate responses.
4. Throughout this report, money items will be rounded to the nearest dollar.
5. Failure to comply with the submission of the annual report may result in fines and/or revocation of a Certificate of Public Convenience and Necessity.
6. Contact the Office of Regulatory Staff at (803) 737-0800 if you have questions about completing or filing this report.

## ANNUAL REPORT

Income Statement: Year Ending December 31, 2021  
(Household Goods & Hazardous Waste Only)

Company: \_\_\_\_\_

Date: \_\_\_\_\_

	<u>General Ledger Account #</u>	<u>Current Year Amount</u>
<b><u>Operating Revenues:</u></b>		
SC Regulated Authority		\$
Lease Carriers		\$
Exempt Operations		\$
Other Operations		\$
<b>Total Revenue</b>		<b>\$</b>
<b><u>Operating Expenses:</u></b>		
Salaries of Officers		\$
Salaries of Employees		\$
Operating Supplies		\$
Repairs		\$
Taxes & Licenses		\$
Insurance		\$
Utilities & Communications		\$
Depreciation		\$
Rent		\$
Interest		\$
Miscellaneous		\$
<b>Total Operating Expenses</b>		<b>\$</b>
Net Income		\$
Operating Ratio =(Total Expenses/Total Income)		\$

## ANNUAL REPORT

Balance Sheet: Year Ending December 31, 2021  
(Household Goods & Hazardous Waste Only)

Company: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Account Type</u>	<u>General Ledger Account #</u>	<u>Current Year Amount</u>
<b><u>Assets:</u></b>		
Cash		\$
Receivables		\$
Real Estate		\$
Buildings & Equipment - Net		\$
Motor Vehicles - Net		\$
Garage Equipment - Net		\$
Machinery & Tools - Net		\$
Supplies on Hand		\$
Prepays and Other Assets		\$
<b>Total Assets</b>		<b>\$</b>
<b><u>Liabilities:</u></b>		
Accounts Payable		\$
Notes Payable		\$
Mortgages Payable		\$
Equipment Obligations		\$
Accrued Salaries & Wages		\$
Other Accrued Obligations		\$
Other Liabilities		\$
<b>Total Liabilities</b>		<b>\$</b>
<b><u>Equity:</u></b>		
Capital Stock		\$
Retained Earnings		\$
<b>Total Equity</b>		<b>\$</b>
<b>Total Liabilities and Equity</b>		<b>\$</b>

**MISCELLANEOUS INFORMATION**  
(Household Goods & Hazardous Waste Only)

Company: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Equipment Owned</u>	<u># Units Owned</u>	<u>Purchase Price of Units Owned</u>
Tractors		\$
Trailers		\$
Trucks (Pick-up & Delivery)		\$
Automobiles		\$
Service Trucks		\$
Other Types of Equipment		\$
<b>Total Cost</b>		\$

<u>Equipment Leased</u>	<u># Units Leased</u>	<u>Monthly Cost of Lease</u>
Tractors		\$
Trailers		\$
Trucks (Pick-up & Delivery)		\$
Automobiles		\$
Service Trucks		\$
Other Types of Equipment		\$
<b>Total Cost</b>		\$

	<u>Insurance Company</u>	<u>Policy Number</u>
Current BI & PD Insurer (Form E)		
Effective Date:		
Current Cargo Insurer (Form H)		
Effective Date:		

Certification

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ of the  
\_\_\_\_\_ Company

hereby certify that the foregoing Annual 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.

\_\_\_\_\_  
\_\_\_\_\_  
Signature  
Date