

# MP-1

Quarterly and annual report to the  
Federal Motor Carrier Safety Administration

## Quarterly and Annual Report Form Motor Carriers of Passengers

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

Calendar/Fiscal Year

### Carrier name and address

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MC Number: \_\_\_\_\_

1. \_\_\_\_\_ Period covered (check one):

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>1</b>              | <b>2</b>              | <b>3</b>              | <b>4</b>              | <b>A</b>              |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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.

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

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

**Respondent only**

**Consolidated**

5. Number of Passengers:

(a) Intercity regular route

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(b) Charter or special

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(c) Local or commuter

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(d) Total passengers

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**6. Revenue:**

(a) Intercity regular route

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(b) Charter or special

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(c) Local or suburban

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(d) Express and other revenue

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(e) Total operating revenue

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**7. Total Operating Expenses**

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**8. Net Operating Income (Loss)**

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**9. Other Income (Deductions)**

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**10. Extraordinary Items, Net of Taxes**

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**11. Total Provision for Income Taxes**

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**12. Net Income (Loss)**

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**13. Total Assets**

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**14. Total Liabilities**

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**15. Shareholders' Equity**

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**16. Operating Ratio**

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**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.

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Your name (print or type)

Official title

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Address

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City, State, Zip

Telephone No. (including area code)

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Signature

Date