


Estimated reporting burden for this report varies from 1 to 5 hours per quarterly response with the average time being 2 hours. Comments regarding the burden estimate or any other aspect of this collection, including suggestions for reducing burden should be sent in with the report; and to the Office of Information and Regulatory Affairs, OMB Washington D.C. 20503

Approved by OMB
OMB No. 2138-0009
Expires: 06/30/2008

BTS Form 298-C, Schedule F-1	Air Carrier (Corporate name including DBA's)												
<hr/> <p style="text-align: center;">REPORT OF FINANCIAL DATA</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">  <p>U.S. Department of Transportation Bureau of Transportation Statistics</p> </div> <div style="text-align: right;"> <p>Quarter Ended _____ 20____</p> </div> </div> <hr/> <p><u>Financial</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; padding: 5px;">(1)</td> <td style="width: 45%; padding: 5px;">Total Operating Revenues</td> <td style="width: 50%; padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">(2)</td> <td style="padding: 5px;">Total Operating Expenses</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">(3)</td> <td style="padding: 5px;">Net Income</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">(4)</td> <td style="padding: 5px;">Passenger Revenues-Scheduled Service</td> <td style="padding: 5px;">_____</td> </tr> </table>		(1)	Total Operating Revenues	_____	(2)	Total Operating Expenses	_____	(3)	Net Income	_____	(4)	Passenger Revenues-Scheduled Service	_____
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(4)	Passenger Revenues-Scheduled Service	_____											

PASSENGER FACILITY CHARGE ACTIVITY FOR THE QUARTERLY PERIOD ENDING: _____

Total PFC Liability at Beginning of Period	_____
Total Amount Collected in Trust for Public Agencies	_____
Total Amount Remitted to Public Agencies	_____
Adjustments (Collection compensation, PFC refunds)	_____
TOTAL PFC LIABILITY AT END OF PERIOD	_____

CERTIFICATION*

I certify that this BTS Form 298-C report and the monthly T-100 Traffic reports have been prepared by me or under my supervision; I have carefully examined these reports and, to the best of my knowledge and belief, they are complete and accurate.

(Signature)

(Date)

(Title)

*Title 18, U.S.C. Sec. 1001, Crimes and Criminal Procedure, makes it a criminal offense, subject to a maximum fine of \$10,000 or imprisonment for not more than 5 years or both, to knowingly and willfully make or cause to be made any false or fraudulent statements or representations in any matter within jurisdiction of any agency of the United States.

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2138-0009. Public reporting for Form 298-C, Schedule F-1, Report of Financial Data is estimated to be approximately 4 hours per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. This report is withheld from public release for 3 years. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Bernie Stankus, OAI/BTS/RITA, RTS-42, Room 4125, 1200 New Jersey Avenue, SE, Washington, D.C. 20590 or e-mail – bernard.stankus@dot.gov.