**ANNUAL REPORT INSTRUCTIONS**

**REGULAR ROUTE PASSENGER SERVICES**

***INSTRUCTIONS***

**1. CARRIER MUST ELECTRONICALLY FILE THE FOLLOWING FORMS AT HTTPS://WWW.NCUC.GOV IN DOCKET NO. M-2 SUB 2025B WITH THE DESCRIPTION “2024 ANNUAL REPORT OF [NAME OF COMPANY]”.**

A fully completed **Annual Report form** with an attached copy of the electronically signed **Report Verification Page must be electronically filed, and any attachments should have the company name as the attachment(s) file name.**

**(Retain a copy of the filed forms for your records)**

**2. COMPLETING THE FORMS**

All information entered on the Annual Report must be typed or printed in black ink. If there is nothing to report for a particular field, enter zero or N/A (“Not Applicable”); there should not be any empty lines or spaces. All entries should be prepared in accordance with Generally Accepted Accounting Principles (GAAP). If additional copies of the form are needed, access the Commission website at https://www.ncuc.gov.

**3. IF NO COMMON CARRIER OPERATIONS WERE CONDUCTED**

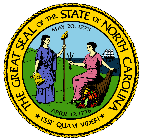
In the event the reporting company did not conduct any North Carolina intrastate, regular route common carrier operations during the reporting calendar year, please complete the general information pages and enter, “NO OPERATIONS” in the individual lines or across the entire operating information pages when applicable. Remember, charter operations and express services are not under the jurisdiction of the N.C. Utilities Commission and should not be reported with jurisdictional revenue on the Annual Report or the Quarterly Regulatory Fee Reports.

**4. VERIFICATION**

Each Annual Report form must be electronically signed by the designated carrier official described in the verification.

**5. QUESTIONS**

If you need help to electronically file your organization’s Annual Report, please contact the Chief Clerk’s Office at (919) 733-7328. If you have any other questions concerning this Annual Report, please contact the Utilities Commission Transportation Division at (919) 733-4036 or via email: njeffries@ncuc.net.



**[Insert Year] Annual Report**

*Of*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **B**-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carrier’s Name as shown on Certificate issued by Commission Docket Number

Current Mailing Address

City State Zip Code

\_\_\_\_

Phone number Required Email address

*To the*

**NORTH CAROLINA**

**UTILITIES COMMISSION**

For the year ended December 31, **[Insert Year]**

**OPERATING INFORMATION – [Insert Year]**

**I. INCOME STATEMENT**

(TOTAL NORTH CAROLINA OPERATIONS)

1. Total N.C. Operating Revenue $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Total N.C. Operating Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Net Operating Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Other Income and/or Deductions - Net $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Net Income $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

6. Operating Ratio (Line 2 divided by Line 1, three decimal places) \_\_\_\_\_\_\_\_\_\_\_\_\_\_%

**II.** **OPERATING REVENUE DETAIL**

Jurisdictional Non-jurisdictional Total N.C.

NC Intrastate NC Intrastate Revenues

**\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_**

(A) (B) (C)

7. Passenger (Regular Route Fares) $\_\_\_\_\_\_\_\_\_\_\_ XXXXXXXXX $\_\_\_\_\_\_\_\_\_\_\_\_

8. Charter (Non-jurisdictional) XXXXXXXX $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

9. Express (Non-jurisdictional) XXXXXXXX $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

10. Other Operating Revenue XXXXXXXX $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

11. Total Operating Revenue

(Line 11(c) must agree with Line 1 above) $\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_

**III.** **JURISDICTIONAL REVENUES REPORTED ON LINE #1 OF THE QUARTERLY REGULATORY FEE REPORTS FILED DURING CALENDAR YEAR [INSERT YEAR]**

12. Quarter Ended March 31, **[insert year]**  $ \_\_\_\_\_\_\_\_\_\_\_\_

13. Quarter Ended June 30, **[insert year]** $ \_\_\_\_\_\_\_\_\_\_\_\_

14. Quarter Ended September 30, **[insert year]** $ \_\_\_\_\_\_\_\_\_\_\_\_

15. Quarter Ended December 31, **[insert year]** $ \_\_\_\_\_\_\_\_\_\_\_\_

16. Total Revenue Reported for CY **[insert year]** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Line 16 should match Line 11(a) above

**IV. STATISTICAL DATA**

**Passenger Operations**

17. Total NC Intrastate Bus Miles Operated \_\_\_\_\_\_\_\_\_\_\_\_

18. Number of NC Intrastate Regular Route Passengers Carried \_\_\_\_\_\_\_\_\_\_\_\_

**Charter Operations**

19. Number of NC Intrastate Charter Trips \_\_\_\_\_\_\_\_\_\_\_\_

**Total Company Operations**

20. Total Number of Buses Owned \_\_\_\_\_\_\_\_\_\_\_\_

21. Total Gallons of Fuel Purchased or Used \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **V. ADDITIONAL INFORMATION** |  |  |

22. Provide an explanation for any incongruous information or failure to provide requested information.

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| --- | --- | --- | --- | --- | --- | --- |
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**NCUC FORM MP-1**

Passenger Carrier Operations

Revised February 2024

**VERIFICATION REGARDING ACCURACY OF REPORT**

(**NOTE:** This verification shall be completed by the chief executive officer, a senior level financial officer, or the responsible accounting officer.)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state and attest under penalty of perjury that the attached Annual Report is filed on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full Certificated Name of Entity) as required by the North Carolina Utilities Commission; that I have reviewed said Report and, in the exercise of due diligence, have made reasonable inquiry into the accuracy of the information provided herein; and that, to the best of my knowledge, information, and belief, all of the information contained herein is accurate and true, no material information or fact has been knowingly omitted or misstated herein, and all of the information contained in said Report has been prepared and presented in accordance with all applicable North Carolina General Statutes, Commission Rules, and Commission Orders. (Note: Failure to provide information required by the Commission is punishable by criminal prosecution pursuant to North Carolina General Statute § 62-326, and refusal to obey Commission Rules or Orders may result in a fine under North Carolina General Statute § 62-310.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Making Verification Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date