

**PUBLIC UTILITIES COMMISSION
STATE OF CALIFORNIA
505 VAN NESS AVENUE, FISCAL OFFICE
SAN FRANCISCO, CA 94102-3214
(415) 703-1751 or (415) 703-1752**

IMPORTANT: Read instructions before completing this statement. This report is due, with payment, by January 15, 2016.

A 25% PENALTY WILL BE IMPOSED IF NOT MAILED AND POSTMARKED ON OR BEFORE February 15, 2016.

400
Period: 154

Annual fee statement for PUC Transportation Reimbursement Account (PUCTRA), Passenger Vehicle operators, pursuant to Public Utilities Code sections 401-443.

Reporting period is: January 1, 2015 to December 31, 2015

Carriers and related businesses shall make payment of the fee to the Commission on or before **January 15, 2016**, consistent with section 423 (B) of the California Public Utilities Code.

Gross California intrastate passenger revenue (round to nearest dollar):

1. Total revenue earned from all passenger operations for the reporting period . . . \$ _____
2. Revenue earned from California intrastate subcarrier passenger operations
(you worked for another carrier) \$ _____
3. Revenue subject to fee: (line 1 - line 2 = line 3) \$ _____
4. Enter Revenue from line 3 for small vehicles (seating **15 or fewer** passengers) \$ _____
5. Multiply line 4 by 0.0033 \$ _____
6. Enter Revenue from line 3 for vehicles seating **16 or more** passengers \$ _____
7. Revenue from line 6 exempt from fees due to federal
"CHARTER BUS TRANSPORTATION" preemption \$ _____
8. Subtract line 7 from line 6 \$ _____
9. Multiply line 8 by 0.0025 \$ _____
10. Revenue fees due (add line 5 and 9) \$ _____
11. Annual Fee \$ 25.00
12. Total PUCTRA fees due (lines 10 and 11) \$ _____
13. If not postmarked by February 15, 2016, add 25% penalty:
Multiply line 12 by 0.25 \$ _____
14. Amount Due: (add lines 12 and 13) \$ _____
15. Gross earnings paid by you to your subcarriers in reporting period: \$ _____

VERIFICATION: I hereby declare under penalty of perjury that the foregoing information has been taken from the books of account and is true and correct to the best of my knowledge and belief.

Type or print name and title Area code and phone number

Signature Date

RETURN THIS COPY WITH PAYMENT. MAKE A COPY FOR YOUR RECORDS.