

TO: ALL HOUSEHOLD GOODS MOTOR CARRIERS REGULATED BY THE MICHIGAN PUBLIC SERVICE COMMISSION

SUBJECT: Instructions for the Household Goods Carrier Annual Financial Report  
FORM P-604

Authorized by the Motor Carrier Act, Act 254 P.A., 1933, as amended. **Filing of this form is mandatory.** Violation of the Motor Carrier Act may result in a fine, revocation of operating authority or delay in processing annual renewals, decals and cab cards.

All household goods carriers are required to file a Household Goods Carriers Annual Financial Report. The report *must be filed by April 30th, following the end of the calendar year* (if the carrier's business year is on a calendar year basis) or *no later than the last day of the 4th months following the close of the carrier's fiscal year* (if the carrier has an alternate fiscal year other than the calendar year) An alternate fiscal year may be used with prior Commission approval. The report must be prepared from the carrier's books, which are to be kept strictly in accordance with generally accepted accounting principles. **Failure to file this annual report or any other requested documents may result in delays processing the annual renewals, decal and cab cards and possible revocation of authority.**

HOUSEHOLD GOODS MOTOR CARRIER CLASS

The following Motor Carrier Classes are determined when revenues are totaled on Page 2, line 6.

Class I	\$5,000,000 or more annual revenue
Class II	\$1,000,000 but less than \$5,000,000 annual revenue
Class III	\$200,000 but less than \$1,000,000 annual revenue
Class IV	less than \$200,000 annual revenue

**Options by class for Completing the HHG Annual Financial Report**

**Class I and Class II Carriers (Complete one of the following options)**

A. Complete pages 1-6 of form P-604 and attach a copies of annual reports for Motor Carriers of Property and Household Goods required to be filed with the USDOT Federal Motor Carriers Safety Administration

or

B. Complete pages 1-6 of form P-604 and attach a copy of the carrier's year end Balance Sheet and Revenue and Expense Summary (Income Statement)

Options by Class for Completing the HHG Annual Financial Report (continued)

**Class III Carriers** (Complete one of the following options)

Complete pages 1-6 of form P-604 and attach a copy of the carrier's year end Balance Sheet and Revenue and Expense Summary (Income Statement)

**Class IV Carriers** (Complete the following)

Complete pages 1-6 of form P-604

The Annual Financial Report must be signed by an owner, partner, officer or authorized agent of the household goods motor carrier.

Keep a copy of the completed Household Goods Carrier Annual Financial Report for your permanent file and send the original to:

Michigan Public Service Commission  
Motor Carrier Division—Audit Section  
7109 W. Saginaw Hwy  
P.O. Box 30221  
Lansing, MI 48909

If you have any questions regarding these instructions, contact the MPSC - Motor Carrier Division (517) 284-8113.

MPSC AUTHORITY NO. \_\_\_\_\_

CARRIER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

## HOUSEHOLD GOODS CARRIER

# ANNUAL FINANCIAL REPORT

YEAR ENDING DECEMBER 31, \_\_\_\_\_

OR FISCAL YEAR ENDING \_\_\_\_\_

MAIL TO:

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

MICHIGAN PUBLIC SERVICE COMMISSION

MOTOR CARRIER DIVISION

7109 W. Saginaw Hwy.

P.O. BOX 30221

LANSING, MICHIGAN 48909

Phone: 517-284-8113

Fax: 517-284-8127

Due April 30th, following the end of the calendar year or the last day  
of the 4th month following the close of the fiscal year

**THIS SHEET INTENTIONALLY LEFT BLANK**

**PUBLIC SERVICE COMMISSION  
HOUSEHOLD GOODS CARRIER ANNUAL FINANCIAL REPORT**

MPSC AUTHORITY NUMBER \_\_\_\_\_

NAME OF CARRIER \_\_\_\_\_

TELEPHONE NUMBER  
(      ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

CONTACT FOR QUESTIONS REGARDING THIS FORM \_\_\_\_\_

TITLE \_\_\_\_\_

TELEPHONE NUMBER  
(      ) \_\_\_\_\_

REPORT FOR YEAR ENDED \_\_\_\_\_, \_\_\_\_\_

ARE YOU A MEMBER OF A TARIFF AGENCY?  
\_\_\_\_\_ No    \_\_\_\_\_ Yes    - Enter the name of the Agency \_\_\_\_\_

TYPE OF FREIGHT TRANSPORTED, MICHIGAN INTRASTATE (IN PERCENT)			
GENERAL COMMODITIES	(      )%	SMALL PACKAGES	(      )%
AUTO PARTS	(      )%	LIQUID PETROLEUM PRODUCTS	(      )%
IRON/STEEL	(      )%	OTHER _____	(      )%
HOUSEHOLD GOODS	(      )%	OTHER _____	(      )%

1.	MICHIGAN INTRASTATE REVENUE	
	a. Common Carrier	\$ _____ (a)
	b. Contract Carrier	\$ _____ (b)
	c. Household Goods	\$ _____ (c)
2.	ADD LINES a, b, c	\$ _____ (2)
3.	INTERSTATE FREIGHT REVENUE—GENERAL COMMODITIES & HOUSEHOLD GOODS	\$ _____ (3)
4.	INTRASTATE FREIGHT REVENUE OTHER THAN MICHIGAN	\$ _____ (4)
5.	OTHER REVENUE (OTHER THAN FREIGHT REVENUE)	\$ _____ (5)
6.	TOTAL GROSS OPERATING REVENUES (ADD LINES 2 THROUGH 5)	\$ _____ (6)
7.	TOTAL OPERATING EXPENSES	\$ _____ (7)
8.	NET INCOME	\$ _____ (8)

**PLEASE COMPLETE SECTION 1, 2 OR 3 DEPENDING ON YOUR  
BUSINESS ORGANIZATION**

**SECTION 1: INDIVIDUAL OWNERSHIP**

NAME OF CARRIER

ADDRESS

CITY

STATE

ZIP CODE

NAME OF OWNER

TELEPHONE NUMBER

(      )

ADDRESS

CITY

STATE

ZIP CODE

DATE THAT BUSINESS AS A MOTOR CARRIER BEGAN

I certify to the best of my knowledge, information and belief that the information provided above is a complete statement of the company business affairs.

Signature

Date

**SECTION 2: PARTNERSHIP**

NAME OF CARRIER

Name and address of each partner (include silent or limited partners and their interests):  
(if additional space is needed, add appendix and attach it to this form)

Name

Address

Portion of Interest

Name(s) of Managing Partner(s)

Date Organized:

Date Business as a motor carrier began:

I certify to the best of my knowledge, information and belief that the information provided above is a complete statement of the company business affairs.

Signature

Date

<b>SECTION 3: CORPORATION</b>			
FULL NAME OF CORPORATION (or LLC)			
ADDRESS		CITY	STATE ZIP CODE
ORGANIZED UNDER THE LAWS OF THE STATE OF:	DATE OF INCORPORATION:	DATE BUSINESS AS A MOTOR CARRIER BEGAN:	
ADDRESS OF PRINCIPALE OFFICE (IF DIFFERENT FROM ABOVE:		CITY	STATE ZIP CODE
NAME OF THE PERSON RESPONSIBLE FOR DAY-TO-DAY ACTIVITIES OF THE CORPORATION:		Title	
DIRECTORS (If additional space is needed, add appendix and attach it to this form):			
Name	Address	Term Expires	No. of Voting Shares
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
OFFICERS (If additional space is needed, add appendix and attach it to this form):			
Name	Address	Title	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
CAPITAL STOCK:			
	Authorized	Issued	Outstanding
Common	_____	_____	_____
Preferred	_____	_____	_____
No Par Value	_____	_____	_____
TOTAL NUMBER OF SHAREHOLDERS AT THE END OF THE YEAR:		PARENT COMPANY NAME AND ADDRESS (if applicable):	
_____		_____	

**SECTION 3: CORPORATIONS (continued)**

NAMES AND ADDRESSES OF SUBSIDIARY AND/OR AFFILIATED COMPANIES (if additional space is needed, add Appendix and attach it to this form):

Name	Address
_____	_____
_____	_____

Did another Corporation hold control over this corporation at the end of the year?

\_\_\_\_\_ NO \_\_\_\_\_ YES - Enter below that name, nature of business, and extent of control of the Corporation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify to the best of my knowledge, information and belief that the information provided above is a complete statement of the company business affairs.

\_\_\_\_\_

Signature Date

**SIGNATURE REQUIRED**

**AFFIDAVIT**

**SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER**

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

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

I, the undersigned, do hereby state under oath that I am.....of the motor  
(state whether owner, partner or , if for a corporation, the office held)  
 carrier for whom the foregoing annual report was prepared; that the same was prepared by myself or under my direction; that I have full and complete knowledge of the affairs of the said motor carrier, that I have examined the foregoing annual report and declare that same to be a correct and complete statement of the business and affairs of said motor carrier in respect to each and every matter and thing set forth therein, to be the best of my knowledge, information and belief.

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

Name (above) Printed or Typed

Note: Filing a report containing any false statement will be considered cause for cancellation of certificate or permit