

PUBLIC UTILITIES COMMISSION

505 Van Ness Avenue
San Francisco, CA 94102-3298



PSG #: _____

CARRIER NAME: _____

EMAIL ADDRESS: _____

400
Period: 204

IMPORTANT: This report is due, with payment, by January 15, 2021. Use the PUCTRA Calculator at www.cpuc.ca.gov/puctra/ to calculate your fees. Email FISCAL at cashiering@cpuc.ca.gov for inquiries.

A 25% PENALTY WILL BE IMPOSED IF NOT MAILED AND POSTMARKED ON OR BEFORE February 16, 2021.

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

Reporting period is: October 1, 2020 to December 31, 2020

Carriers and related businesses shall make payment of the fee to the Commission on or before January 15, 2021 consistent with section 423 (B) of the California Public Utilities Code.

- 1. Total Intrastate revenue earned from all passenger operations for the reporting period . . . \$ _____
2. Revenue earned from California intrastate subcarrier passenger operations (you worked for another carrier) Complete and attach Schedule 1 \$ _____
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 00 \$ _____
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 00 \$ _____
10. Revenue fees due (add line 5 and 9) \$ _____
11. Quarterly Fee \$ 0.00
12. Total PUCTRA fees due (lines 10 and 11) \$ _____
13. If not postmarked by February 16, 2021, 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.