PUBLIC UTILITIES COMMISSION
505 Van Ness Avenue
San Francisco, CA 94102-3298

PSG #: _____

CARRIER NAME: _____

EMAIL ADDRESS: _____   400

                                                                     Period: 201

IMPORTANT: This report is due, with payment, by April 15, 2020. 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 June 1, 2020.

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

Reporting period is: January 1, 2020 to March 31, 2020

Carriers and related businesses shall make payment of the fee to the Commission on or before **April 15, 2020**
consistent with section 423 (B) of the California Public Utilities Code.

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) 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 . . . . $_____10.00___

12. Total PUCTRA fees due (lines 10 and 11) . . . . $_____

13. If not postmarked by June 1, 2020, 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.