

2/12/15 original to Compliance + assignments  
 copy to assessments

COMMONWEALTH OF PENNSYLVANIA  
 PUBLIC UTILITY COMMISSION  
 PO BOX 3265  
 HARRISBURG, PA 17105-3265

RECEIVED  
 ADMINISTRATIVE SERVICES  
 2015 FEB 12 AM 9:46

**2014 ASSESSMENT REPORT-MOTOR CARRIERS PA PUC**

This Report **MUST BE FILED** not later than **MARCH 31, 2015**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

A-00120567

TRADE OR CORPORATE NAME OF UTILITY: MADISON HOMES GROUP, INC.		UTILITY CODE 706626	APPLICATION #
CONTACT NAME:			
ADDRESS 1: 405 BRIDGE STREET		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: NEW CUMBERLAND, PA 17070			

**OPERATING REVENUE FOR CALENDAR YEAR 2014 (January 1, 2014-December 31, 2014)**  
 (All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE	\$	\$	\$	\$
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	\$	\$	\$

(All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
<i>Truck was Sold!</i>	\$	\$	\$	\$
<b>TOTAL</b> (Enter on Line 2 above)	\$	\$	\$	\$

**UCR REGISTRATION INFORMATION**

2014 UCR Registered:  YES  NO

**IF YES:**

US DOT #: \_\_\_\_\_ INTERSTATE OPERATING REVENUE: \$ \_\_\_\_\_

MC Number: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS**

300

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

Utility Name \_\_\_\_\_

X \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (Printed) Title

**AFFIDAVIT**

I affirm that the information reported herein is complete, true and correct.

\_\_\_\_\_  
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

**NOTARIZATION** (Required)  
Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 2015

TRADE NAME OR CORPORATE NAME OF UTILITY:

NOTARY SIGNATURE

FEDERAL ID:

TELEPHONE NO.:

Office ( ) Ext.

Cell ( )

OFFICIAL SEAL (Official Title)

Name of person to be contacted for additional information:

(Date My Commission Expires)

Name: \_\_\_\_\_  
(printed)

Telephone: \_\_\_\_\_ Ext.