

RECEIVED

ADMINISTRATIVE SERVICES

-2125115 original Compliance assignments
Copy to assessments
COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
PO BOX 3265
HARRISBURG, PA 17105-3265

2015 FEB 23 PM 1:36

PA PUC

2014 ASSESSMENT REPORT-MOTOR CARRIERS

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-00114048

TRADE OR CORPORATE NAME OF UTILITY: HOUSER, HARRY C. <i>Retired</i>		UTILITY CODE 702586	APPLICATION# <i>0</i>
CONTACT NAME: HOUSER EXCAVATING <i>U</i>			
ADDRESS 1: 11116 KENMAR DRIVE		ADDRESS 2 (Floor, Suite, etc.):	
CITY, STATE, ZIP: NORTHEAST, PA 16428			

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	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>
2. PA EXEMPT INTRASTATE REVENUE	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>

(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
RECEIVED	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>
MAR 2 2015				
PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU				
TOTAL (Enter on Line 2 above)	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>	\$ <i>0</i>

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SECRETARY'S BUREAU
PA PUC

UCR REGISTRATION INFORMATION

2014 UCR Registered: YES NO

IF YES:

US DOT #: _____ INTERSTATE OPERATING REVENUE: \$ *0*

MC Number: _____

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

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.

[Handwritten Signature] *[Handwritten Date: 2/14/15]*
(Signature of Individual or Officer) (Date)

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

TRADE NAME OR CORPORATE NAME OF UTILITY:

FEDERAL ID:

TELEPHONE NO.:

Office ()

Cell ()

Ext.

Name of person to be contacted for additional information:

Name: _____
(printed)

Telephone: _____ Ext.

NOTARIZATION (Required)
Subscribed and sworn to before me

this _____ day of _____ 2015

NOTARY SIGNATURE

OFFICIAL SEAL

(Official Title)

APR 8 2015

(Date My Commission Expires)