

Haverford Movers
1241 Bon Air Road Havertown, Pa 19083
610-446-7600 Haverfordmovers1@gmail.com

April 13, 2015

Secretary of the Commission
Pa Public Utility Commission
P.O. Box 3265
Harrisburg, Pa 174105-3265

Dear Secretary,

Enclosed is a request to add a member to my LLC.

Haverford Movers LLC A-8913834

Member is: James E Matsko 100%

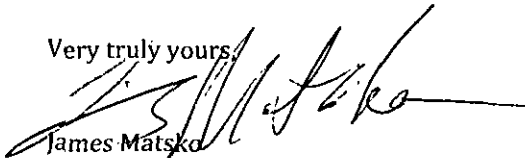
New Members request is : Constance Matsko 51% & James Matsko 49%

Constance Matsko is also the Owner of Walls /Delaware Valley/ Havertown Westtown Movers LLC. and will continue to be.

My mother and I work at both moving companys.

Your help in this matter would be greatly appreciate.

Very truly yours,



James Matsko
Owner/Operator
Haverford Movers LLC
610-446-7600

RECEIVED
2015 APR 20 AM 10:43
PA P.U.C.
SECRETARY'S BUREAU

PUC-317: Stock Transfer Application
Revised 11/13

APPLICATION FOR APPROVAL OF TRANSFER OF CAPITAL STOCK
TRANSPORTATION COMMON CARRIER

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application for approval to transfer

51% of the capital stock of
(all or part)
Haverford Movers LLC
(Name of Certificated Carrier)
held by James Matsko
(Name of Seller)
to Constance Matsko
(Name of Buyer)

PUC USE ONLY
Docket Number _____
Folder Number _____

SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

- Haverford Movers LLC
(Full and correct name of Certificated Carrier)
- Docket number of Certificated Carrier is _____
- Name of Seller(s): James Matsko
1241 Bow Air Rd.
(Business Street Address)
Havertown Pa 19083 610-446-7600
(City) (State) (Zip) (P.O. Box, if any) (Telephone)
- Seller's attorney for this application: _____

(Address) (Telephone)
- Name of Buyer(s): Constance Matsko
1241 Bow Air Rd.
(Business Street Address)
Havertown Pa 19083 610-446-7600
(City) (State) (Zip) (P.O. Box, if any) (Telephone)
- Buyer's attorney for this application: _____

(Address) (Telephone)

PUC-317: Stock Transfer Application
Revised 11/13

7. Capital Stock of Certificated Carrier:

- a) Number of authorized shares: One
- b) Par or stated value per share: 100 90
- c) Number of shares outstanding: —
- d) Shareholders: Number of shares held:

<u>James Matsko</u>	<u>100 90</u>
- e) Number of shares redeemed or held as treasury stock: _____

8. Stock Transaction:

Sellers	# Sold	Buyers	# Bought
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. If buyer and/or seller are in control of or affiliated with each other or with any other carrier, state name of carriers, docket numbers, and nature of control or affiliation:

Buyer - Constance Matsko
Walls Delaware Valley Haverford Westbury
PUC # A891097 - 50% ownership Movers LLC

10. Consideration for the transfer of capital stock is (if nominal, explain):

James is my son + we both work at both
Company's. The reason to add my name to
Haverford Movers LLC is due to savings
with our Insurance.

PUC-317: Stock Transfer Application
Revised 11/13

11. The consideration will be paid as follows:

No Monies Involved.

12. The reasons for the proposed transfer are:

Insurance

13. The following **must** be attached to the completed application

- A statement containing a brief corporate history of the Certificated Carrier, the purpose for which it was created, a description of the service it furnishes to the public and a description of the territory in which it operates.
- Statements of Financial Condition (Income Statements and Balance Sheets) for the Buyer and the Seller.
- Sales Agreement (Bilateral) NONE - NO MONIES INVOLVED.
- Verified Statement of Buyer
- If Buyer is corporate entity, complete list of officers and shareholders with shares.
- If Buyer is corporate entity, copy of corporation papers from PA Dept. of State.

WHEREFORE, Buyer and Seller request that the Commission approve the Application.

Buyer sign here:

[Signature]

(Each Partner must sign)

4-1-15
(Date)

(Corporate Seal)

(Date)

(Date)

Seller sign here:

[Signature]

(Date)

4-1-15
(Date)

(Corporate Seal)

(Date)

(Date)

(Date)

PUC-317: Stock Transfer Application
Revised 11/13

**THIS MUST BE COMPLETED BY A NOTARY PUBLIC
AFFIDAVIT OF BUYER (NATURAL PERSON)**

COMMONWEALTH OF PENNSYLVANIA :

: SS:

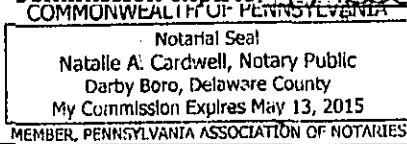
Delaware County :

Constance Matsko, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

Constance Matsko
Signature of Affiant

Sworn and subscribed before me on this 15
day of April 2015

My Commission expires May 13, 2015



Natalie A. Cardwell
Signature of Official Administering Oath

AFFIDAVIT OF CERTIFICATED CARRIER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

Delaware County :

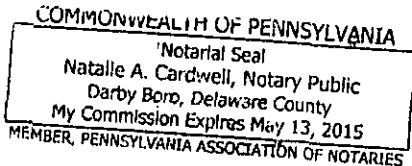
Constance Matsko being duly sworn (affirmed) according to law, deposes and says that he/she is Member of Haverford Movers LLC
(Office of Affiant) (Name of Corporation)

that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said Haverford Movers LLC to be able to prove the same at the hearing hereof.
(Name of Corporation)

Constance Matsko
Signature of Affiant

Sworn and subscribed before me on this 15
day of April 2015

My Commission expires May 13, 2015



Natalie A. Cardwell
Signature of Official Administering Oath

PUC-317: Stock Transfer Application
Revised 11/13

**THIS MUST BE COMPLETED BY A NOTARY PUBLIC
AFFIDAVIT OF SELLER (NATURAL PERSON)**

COMMONWEALTH OF PENNSYLVANIA :

: SS:

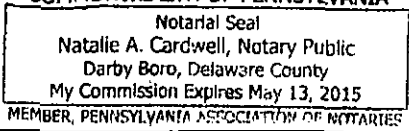
Delaware County :

James Matsko, being duly sworn (affirmed) according to law, deposes and says that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects to be able to prove the same at the hearing hereof.

J. Matsko
Signature of Affiant

Sworn and subscribed before me on this 13
day of April 2015

My Commission expires May 13, 2015



Natalie Cardwell
Signature of Official Administering Oath

AFFIDAVIT OF BUYER/SELLER (CORPORATION)

COMMONWEALTH OF PENNSYLVANIA :

: SS:

Delaware County :

James Matsko, being duly sworn (affirmed) according to law, deposes and says that he/she is Owner of Haverford Movers LLC
(Office of Affiant) (Name of Corporation)

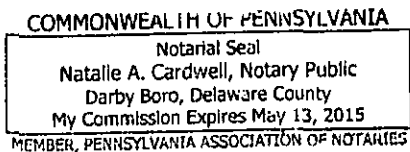
that he/she is authorized to and does make this affidavit for it; and that the facts above set forth are true and correct; or are true and correct to the best of his/her knowledge, information, and belief, and he/she expects the said Haverford Movers LLC to be able to prove
(Name of Corporation)

the same at the hearing hereof.

J. Matsko
Signature of Affiant

Sworn and subscribed before me on this 15
day of April 2015

My Commission expires May 13, 2015



Natalie Cardwell
Signature of Official Administering Oath

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. **09**

Name of proprietor JAMES MATSKO		Social security number (SSN) ***-**-3915
A Principal business or profession, including product or service (see instructions) HAVERFORD MOVERS LLC	B Enter code from instructions ▶ 812190	
C Business name. If no separate business name, leave blank. HAVERFORD MOVERS LLC	D Employer ID number (EIN), (see instr.) ** - ***2967	
E Business address (including suite or room no.) ▶ 1241 BON AIR ROAD City, town or post office, state, and ZIP code HAVERTOWN PA 19083		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	69,448
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	69,448
4 Cost of goods sold (from line 42)		4	4,822
5 Gross profit. Subtract line 4 from line 3		5	64,626
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	64,626

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	18 Office expense (see instructions)	18	3,342
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20b	
12 Depletion	12	b Other business property	21	1,746
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	22	
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	23	1,856
15 Insurance (other than health)	15	23 Taxes and licenses	24	
16 Interest:		24 Travel, meals, and entertainment:	24a	
a Mortgage (paid to banks, etc.)	16a	a Travel	24b	
b Other	16b	b Deductible meals and entertainment (see instructions)	25	896
17 Legal and professional services	17	25 Utilities	26	3,853
	1,966	26 Wages (less employment credits)	27a	14,381
		27a Other expenses (from line 48)	27b	7,207
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		b Reserved for future use	28	45,956
29 Tentative profit or (loss). Subtract line 28 from line 7			29	18,670
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.			31	18,670
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.
			32b	<input type="checkbox"/> Some investment is not at risk.

JAMES MATSKO

***-**-3915

Schedule C (Form 1040) 2014

HAVERFORD MOVERS LLC

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [] Cost b [] Lower of cost or market c [] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [] Yes [] No

Table with 2 columns: Description and Amount. Rows include: 35 Inventory at beginning of year (0), 36 Purchases less cost of items withdrawn for personal use (4,822), 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39 (4,822), 41 Inventory at end of year (0), 42 Cost of goods sold (4,822).

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) >

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? [] Yes [] No
46 Do you (or your spouse) have another vehicle available for personal use? [] Yes [] No
47a Do you have evidence to support your deduction? [] Yes [] No
b If "Yes," is the evidence written? [] Yes [] No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Expense Category and Amount. Rows include: BANK CHARGES (15), DUES & SUBSCRIPTIONS (508), SMALL TOOLS & EQUIPMENT (2,390), TELEPHONE (2,827), AUTO (1,467), 48 Total other expenses (7,207).

PA-40 Schedule C - 2014
(08-14) Profit or Loss From Business or Profession (Sole Proprietorship)

*****3915 JAMES MATSKO

HAVERFORD MOVERS LLC MOVING SERVICE

*****2967 HAVERFORD MOVERS LLC

1241 BON AIR ROAD

HAVERTOWN PA 19083

Method of Inventory: C=Cost, L=Lower
of cost or market, ()=Other

Accounting Method: A=Accrual, C=Cash, O=Other

Home office N

expenses deducted N

Business out of existence N

812190

Any change in determining N
quantities, costs or valuations

1a. Gross receipts or sales	1A	69448	2. Cost of goods sold/operations	2	4822
1b. Returns and allowances	1B	0	3. Gross profit	3	64626
1c. Balance	1C	69448	4. Other Income (submit statement)	4	0
			5. Total income	5	64626
6. Advertising	6	0	28. Supplies (not included on Schedule C-1)	28	0
7. Amortization	7	0	29. Taxes	29	1856
8. Bad debts from sales or services	8	0	30. Telephone	30	0
9. Bank charges	9	0	31. Travel and entertainment	31	1792
10. Car and truck expenses	10	0	32. Utilities	32	3853
11. Commissions	11	0	33. Wages	33	14381
12. Cost depletion not % depletion	12	0	34. IDCs (1/3 current expensing)	34	0
			35. IDCs (amortization)	35	0
			36. Start-up costs (direct expense)	36	0
13a. Regular depreciation	13A	0	37. Other expenses (specify):		
13b. Section 179 expense	13B	0	A BANK CHARGES	A	15
14. Dues and publications	14	0	B DUES AND SUBSCRIP	B	508
15. Other employee benefit programs	15	0	C SMALL TOOLS AND E	C	2390
16. Freight (not on Schedule C-1)	16	0	D TELEPHONE	D	2827
17. Insurance	17	10709	E AUTO	E	1467
18. Interest on business indebtedness	18	0	F	F	0
			G	G	0
			H	H	0
19. Laundry and cleaning	19	0	37. Total other expenses	37	7207
20. Legal and professional services	20	1966	38. Total expenses (add Lines 6 through 37)	38	46852
21. Management fees	21	0	39. Reduce expenses by total business credits	39	0
22. Office supplies	22	3342	40. Total adjusted expenses	40	46852
23. Pension and profit-sharing plans	23	0	41. Net profit or loss	41	17774
24. Postage	24	0			
25. Rent on business property	25	0			
26. Repairs	26	1746			
27. Subcontractor fees	27	0			

PA-40 Schedule C - 2014

Social Security Number *****3915

Name of owner JAMES MATSKO

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	4822
2b. Cost of items withdrawn for personal use	2B	0
2c. Balance (subtract Line 2b from Line 2a)	2C	4822
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4 and 5	6	4822
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part I, Line 2	8	4822

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)	1	0
2. Less: Section 179 depreciation included in Schedule C-1	2	0
3. Balance (subtract Line 2 from Line 1). Enter here and on Part II, Line 13b	3	0

4. Other depreciation:

Description of property	Date acquired	Cost or other basis	Depreciation allowed or allowable in prior years	Method of computing depreciation	Life or rate	Depreciation for this year
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Buildings	4A	0	0			0
Furniture/fixtures	4B	0	0			0
Trans. equipment	4C	0	0			0
Machinery	4D	0	0			0
Other (specify)						
	4E	0	0			0
	4F	0	0			0
	4G	0	0			0
	4H	0	0			0
	4I	0	0			0
	4J	0	0			0
	4K	0	0			0
	4L	0	0			0
	4M	0	0			0
	4N	0	0			0
	4O	0	0			0
	4P	0	0			0

5. Totals	5	0
6. Depreciation included in Schedule C-1	6	0
7. Balance (subtract Line 6 from Line 5) Enter here and on Part II, Line 13a	7	0

CORPORATION
NAME **HAVERFORD MOVERS LLC**

REVENUE ID **1017751**

Schedule L Balance Sheets for Single-Member Limited Liability Companies
When the Income is Reported on the Personal Income Tax Return of the Member

	Beginning of Year		End of Year	
	a	b	c	d
1. Cash		3,800		1,784
2.a. Trade notes and accounts receivable				
b. Less allowance for bad debts				
3. Inventories				
4. U.S. government obligations				
5. Tax-exempt securities				
6. Other current assets				
7. Mortgage and real estate loans				
8. Other investments				
9.a. Buildings and other depreciable assets				
b. Less accumulated depreciation				
10.a. Depletable assets				
b. Less accumulated depletion				
11. Land (net of any amortization)				
12.a. Intangible assets (amortizable only)				
b. Less accumulated amortization				
13. Other assets				
14. Total assets		3,800		1,784
Liabilities and capital				
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities SEE STMT 1		1,861		
18. Mortgages, notes, bonds payable in 1 year or more				
19. Other liabilities SEE STMT 2		837		
20. Member's capital account		1,102		1,784
21. Total liabilities and capital		3,800		1,784

Schedule M-1 - Reconciliation of Income (Loss) per Books to Income (Loss) per Return

1. Net income (loss) per books	17,774	5. Income included on books not included on federal Schedule C, federal Schedule E or federal Schedule F this year (itemize)	
2. Income included on federal Schedule C, federal Schedule E or federal Schedule F and not included on books this year (itemize)		a. Tax-exempt Interest \$	
3. Expenses recorded on books not included on federal Schedule C, federal Schedule E or federal Schedule F this year (itemize)		6. Expenses recorded on federal Schedule C, federal Schedule E or federal Schedule F and not included on books this year (itemize)	
a. Depreciation \$		a. Depreciation \$	
b. Travel and entertainment \$ 896		7. Add Lines 5 and 6	
4. Add Lines 1 through 3	18,670	8. Income or loss on federal Schedule C, federal Schedule E or federal Schedule F	
		Line 4 minus Line 7	18,670

Schedule M-2 - Reconciliation of Member's Capital Account

1. Member's beginning capital account	1,102
2. Capital contributed during tax period	
3. Net income for tax period	18,100
4. Withdrawals of capital during tax period	17,418
5. Member's ending capital account (Lines 1 + 2 + 3 - Line 4)	1,784
Must equal Schedule L, Column D, Line 20	

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

2014

Attachment Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor CONSTANCE MATSKO		Social security number (SSN) ***-**-8055
A Principal business or profession, including product or service (see instructions) MOVING SERVICE	B Enter code from instructions ▶ 812990	
C Business name. If no separate business name, leave blank. WALLS DELAWARE VALLEY HAVERTOWN	D Employer ID number (EIN), (see instr.) **-***7116	
E Business address (including suite or room no.) ▶ 203 OAKWYNNE ROAD City, town or post office, state, and ZIP code BROOMALL PA 19008		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2014, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	635,700
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	635,700
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	635,700
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	635,700

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	13,723	18 Office expense (see instructions)	18	11,183
9 Car and truck expenses (see instructions)	9	29,190	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	3,600
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21,140	21 Repairs and maintenance	21	34,933
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	27,314
15 Insurance (other than health)	15	62,407	23 Taxes and licenses	23	32,853
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	735
b Other	16b	4,806	b Deductible meals and entertainment (see instructions)	24b	1,130
17 Legal and professional services	17	4,930	25 Utilities	25	15,490
18 Total expenses before expenses for business use of home. Add lines 8 through 27a			26 Wages (less employment credits)	26	252,237
19 Tentative profit or (loss). Subtract line 18 from line 7			27a Other expenses (from line 48)	27a	3,900
20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			27b Reserved for future use	27b	
21 Net profit or (loss). Subtract line 20 from line 19.			28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	519,571
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			29 Tentative profit or (loss). Subtract line 28 from line 7	29	116,129
• If a loss, you must go to line 32.			30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).		
22 If you have a loss, check the box that describes your investment in this activity (see instructions).			31 Net profit or (loss). Subtract line 30 from line 29.		
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.			• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.	31	116,129
• If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

CONSTANCE MATSKO

Schedule C (Form 1040) 2014 MOVING SERVICE

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [] Cost b [] Lower of cost or market c [] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [] Yes [] No

Table with 2 columns: Description (Inventory at beginning of year, Purchases less cost of items withdrawn for personal use, Cost of labor, Materials and supplies, Other costs, Add lines 35 through 39, Inventory at end of year, Cost of goods sold) and Line Number (35-42).

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) SEE STMT 1

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business 10,000 b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? [] Yes [] No
46 Do you (or your spouse) have another vehicle available for personal use? [] Yes [] No
47a Do you have evidence to support your deduction? [] Yes [] No
b If "Yes," is the evidence written? [] Yes [] No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Expense Description (DUES & SUBSCRIPTIONS, UNIFORMS, Total other expenses) and Amount (1,198, 2,702, 3,900).

CORPORATION
NAME **WALLS DELAWARE VALLEY HAVERTOWN**

REVENUE ID **7796799**

Schedule L — Balance Sheets for Single-Member Limited Liability Companies
When the Income is Reported on the Personal Income Tax Return of the Member

	Beginning of Year		End of Year	
	a	b	c	d
1. Cash		1,758		9,743
2.a. Trade notes and accounts receivable				
b. Less allowance for bad debts				
3. Inventories				
4. U.S. government obligations				
5. Tax-exempt securities				
6. Other current assets		6,218		6,218
7. Mortgage and real estate loans				
8. Other investments				
9.a. Buildings and other depreciable assets	136,782		136,782	
b. Less accumulated depreciation	69,882	66,900	91,022	45,760
10.a. Depletable assets				
b. Less accumulated depletion				
11. Land (net of any amortization)				
12.a. Intangible assets (amortizable only)				
b. Less accumulated amortization				
13. Other assets				
14. Total assets		74,876		61,721
Liabilities and capital				
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year		26,346		19,295
17. Other current liabilities		798		672
18. Mortgages, notes, bonds payable in 1 year or more		85,484		51,284
19. Other liabilities				
20. Member's capital account		-37,752		-9,530
21. Total liabilities and capital		74,876		61,721

Schedule M-1 — Reconciliation of Income (Loss) per Books to Income (Loss) per Return

1. Net income (loss) per books	113,840	5. Income included on books not included on federal Schedule C, federal Schedule E or federal Schedule F this year (itemize)	
2. Income included on federal Schedule C, federal Schedule E or federal Schedule F and not included on books this year (itemize)		a. Tax-exempt interest \$	
3. Expenses recorded on books not included on federal Schedule C, federal Schedule E or federal Schedule F this year (itemize)		6. Expenses recorded on federal Schedule C, federal Schedule E or federal Schedule F and not included on books this year (itemize)	
a. Depreciation \$		a. Depreciation \$	0
b. Travel and entertainment \$	1,129	7. Add Lines 5 and 6	
STMT 2	1,160	8. Income or loss on federal Schedule C, federal Schedule E or federal Schedule F	
4. Add Lines 1 through 3	116,129	Line 4 minus Line 7	116,129

Schedule M-2 — Reconciliation of Member's Capital Account

1. Member's beginning capital account	-37,752
2. Capital contributed during tax period	
3. Net Income for tax period	113,840
4. Withdrawals of capital during tax period	85,618
5. Member's ending capital account (Lines 1 + 2 + 3 - Line 4)	-9,530
Must equal Schedule L, Column D, Line 20	

PA-40 Schedule C - 2014

Social Security Number *****8055

Name of owner CONSTANCE MATSKO

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	0
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4 and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)	1	0
2. Less: Section 179 depreciation included in Schedule C-1	2	0
3. Balance (subtract Line 2 from Line 1). Enter here and on Part II, Line 13b	3	0

4. Other depreciation:

Description of property	Date acquired	Cost or other basis	Depreciation allowed or allowable in prior years	Method of computing depreciation	Life or rate	Depreciation for this year
(a)	(b)	(c)	(d)	(e)	(f)	(g)
Buildings	4A	0	0			0
Furniture/fixtures	4B	0	0			0
Trans. equipment	4C	0	0			0
Machinery	4D	0	0			0
Other (specify)						
TRUCK	4E 11222011	16000	11392	MACRS	5	1843
TRUCK	4F 10312012	29999	4420	MACRS	5	2047
TRUCK	4G 12272013	90783	28289	MACRS	5	24998
	4H	0	0			0
	4I	0	0			0
	4J	0	0			0
	4K	0	0			0
	4L	0	0			0
	4M	0	0			0
	4N	0	0			0
	4O	0	0			0
	4P	0	0			0
5. Totals		136782			5	28888
6. Depreciation included in Schedule C-1					6	0
7. Balance (subtract Line 6 from Line 5) Enter here and on Part II, Line 13a					7	28888

PA-40 Schedule C - 2014
(08-14) Profit or Loss From Business or Profession (Sole Proprietorship)

*****8055 CONSTANCE MATSKO

MOVING SERVICE SERVICE

*****7116 WALLS DELAWARE VALLEY HAVERTOWN

203 OAKWYNNE ROAD

BROOMALL PA 19008

Method of Inventory: C=Cost, L=Lower
of cost or market, O=Other

Accounting Method: A=Accrual, C=Cash, O=Other

Home office

expenses deducted

Business out of existence

Any change in determining
quantities, costs or valuations

812990

1a. Gross receipts or sales	1A	635700	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B	0	3. Gross profit	3	635700
1c. Balance	1C	635700	4. Other Income (submit statement)	4	0
			5. Total income	5	635700
6. Advertising	6	13723	28. Supplies (not included on Schedule C-1)	28	27314
7. Amortization	7	0	29. Taxes	29	32853
8. Bad debts from sales or services	8	0	30. Telephone	30	0
9. Bank charges	9	0	31. Travel and entertainment	31	2994
10. Car and truck expenses	10	29190	32. Utilities	32	15490
11. Commissions	11	0	33. Wages	33	252237
12. Cost depletion not % depletion	12	0	34. IDCs (1/3 current expensing)	34	0
			35. IDCs (amortization)	35	0
			36. Start-up costs (direct expense)	36	0
13a.Regular depreciation	13A	28888	37. Other expenses (specify):		
13b.Section 179 expense	13B	0	A DUES AND SUBSCRIP	A	1198
14. Dues and publications	14	0	B UNIFORMS	B	2702
15. Other employee benefit programs	15	0	C	C	0
16. Freight (not on Schedule C-1)	16	0	D	D	0
17. Insurance	17	62407	E	E	0
18. Interest on business indebtedness	18	4806	F	F	0
			G	G	0
19. Laundry and cleaning	19	0	H	H	0
20. Legal and professional services	20	4930			
21. Management fees	21	0	37. Total other expenses	37	3900
22. Office supplies	22	11183	38. Total expenses (add Lines 6 through 37)	38	528448
23. Pension and profit-sharing plans	23	0	39. Reduce expenses by total business credits	39	0
24. Postage	24	0	40. Total adjusted expenses	40	528448
25. Rent on business property	25	3600	41. Net profit or loss	41	107252
26. Repairs	26	34933			
27. Subcontractor fees	27	0			

PUC-317: Stock Transfer Application
 Revised 11/13

Statement of Stock Purchaser's Financial Position (Balance Sheet)
 as of (date) _____

ASSETS

Current Assets

Cash	_____	
Accounts Receivable	_____	
Notes Receivable	_____	
Other Current Assets (specify)	_____	
Total Current Assets		_____

Tangible Assets

Land	_____	
Motor Vehicle Equipment	_____	
Less: Accumulated Depreciation	- _____	= _____
Building and Structures	_____	
Less: Accumulated Depreciation	- _____	= _____
Office Equipment	_____	
Less: Accumulated Depreciation	- _____	= _____
Investments and Funds (specify)	_____	
Intangible Assets	_____	
Other Assets (advances and idle equipment – specify)	_____	
TOTAL ASSETS		_____

LIABILITIES

Current Liabilities (Due within one year of date)

Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach schedule)	_____	
Total Current Liabilities		_____

Long Term Liabilities (Due after one year of date)

Accounts Payable	_____	
Notes Payable	_____	
Equipment Obligations	_____	
Other Liabilities (Attach Schedule)	_____	
Total Long Term Liabilities		_____

TOTAL LIABILITIES

NET WORTH (Partnerships and individuals, only)

OWNER'S EQUITY (Corporations only)

Capital Stock	_____	
Additional Paid-in Capital	_____	
Retained Earnings	_____	
Less: Treasury Stock	- _____	= _____
Total Owner's Equity		_____

TOTAL LIABILITIES & OWNER'S EQUITY

PUC-317: Stock Transfer Application
Revised 11/13

Statement of Stock Purchaser's Projected Income and Expenses
Projected Income and Expense Statement for the 12-month period ending _____

REVENUE and GAINS

Operating Revenue	_____
Net Revenue from non-carrier operations	_____
Dividend and interest revenues	_____
Other non-operating revenue	_____
Gains	_____
Total Revenue and Gains	_____

EXPENSES

Equipment Maintenance and Garage Expense	_____
Insurance Expense	_____
Employee Salaries	_____
Supervisory Salaries	_____
Officer Salaries	_____
Fuel Expense	_____
Purchased Transportation (Lease Expense)	_____
Materials and Supplies Expense	_____
General Office Expense	_____
Advertising Expense	_____
Telephone Expense	_____
Accounting Expense	_____
Legal Expense	_____
Uncollectible Revenue	_____
Depreciation Expense	_____
Amortization	_____
Operating Taxes and Licenses	_____
Rent Expense	_____
Loss	_____
Total Operating Expenses and Losses	_____

Net Income Before Taxes

Provision for Income Taxes	_____
Net Income (Loss)	_____

HAVERFORD MOVERS, LLC
1241 BON AIR ROAD
HAVERTOWN, PA 19083



Haverford Movers is already up
Running & I set it up for James .

HAVERTOWN MOVERS, LLC
1241 BON AIR ROAD
HAVERTOWN, PA 19083



HAVERTOWN MOVERS, LLC
1241 BON AIR ROAD
HAVERTOWN, PA 19083



PUC-317: Stock Transfer Application

Revised 11/13

VERIFIED STATEMENT OF STOCK PURCHASER

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE BUYER'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Constance L Matsko

Purchaser's Name

203 Oakwynne Rd. Broomall Pa 19008

Street Address

City or Municipality

State

Zip Code

The Verified Statement of the Buyer is more or less a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to purchase the stock, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

At minimum, the Verified Statement of the Buyer should include a discussion of the numbered items listed below and on the following pages. You are encouraged to provide as much information as possible about the particular subject as is necessary to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person making the Verified Statement on behalf of the buyer. If the buyer is an individual making the statement, this will be the same information as provided above. If the buyer is a corporate entity and an employee/officer of the buyer is making the statement, give name, title, business address and telephone number, and indicate that the buyer's directors/owners/partners/etc. have authorized the witness to speak for the business.

2. List the buyer's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

Owner at:

Walls Delaware Valley / Havertown
Westtown Movers
LLC

PUC# A891097

PUC-317: Stock Transfer Application

Revised 11/13

3. Describe your business experience, particularly any experience relating to the operation of a transportation service. You may also include an explanation of education or training that you believe may be relevant.

I've worked for Walls Bekaware Vally/Havertown movers for 30 yrs. I Took over when my father passed in 2009.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

Home office & we rent a lot to park our vehicle. See picture of office.

No Storage facilities.

We have a web-site we receive calls from & we're listed in the directory & we send mailers out

Hours - 7:00 AM - 8:00 PM - M-Saturday

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. **(Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).**

4-5 employees, Drivers, Laborers, & Packers.

PUC-317: Stock Transfer Application

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6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:
- a) Your hiring standards for drivers;
 - b) Your driver training program;
 - c) Your system for ensuring that your drivers are properly licensed at all times;
 - d) Your policies regarding alcohol and drug use by your drivers.

Background & driver records checked.
New drivers will drive for 30 days with
Supervisor

Dot medical check ups every 2 years & license
check every year.

Drug & alcohol use is grounds for termination.

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

1 Truck - as of now

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>	<u>SEATING CAP.</u>
1996	Luth	4700	1#SLABMXT# 31318	200,000	

PUC-317: Stock Transfer Application

Revised 11/13

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
 - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code & Chapter 175, requirements for vehicle inspections) that are applicable to the type of vehicles used in your business;
 - Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Sections 29.402 and 29.403. (A copy of these requirements is on a separate page.)

Trucks are inspected twice a year & drivers check trucks before day start & when they get back to our yard.

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

Please see attached Profit & Loss. We've been in business since 2011.

PUC-317: Stock Transfer Application

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Please describe your customer service standards. Within your description, please explain your intended customer complaint resolution procedure.

All customer complaints (which we don't have many) are handled right away.

Criminal Record. Have you been convicted of a misdemeanor or felony for which you remain subject to supervision by a court or correctional institution? YES NO

*If stock purchaser is a corporate entity, this question applies to all shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Constance J Matsko
(Signature)
Constance J Matsko
(Name, printed or typed)

4-13-15
(Date)

HVERFORD MOVERS, LLC
1241 BON AIR ROAD
HAVERTOWN, PA 19083



1000



17105

U.S. POSTAGE
PAID
BROOMALL, PA
19008
APR 18, 15
AMOUNT

\$2.03

00109934-03

Secretary of the Pa P.O.C.
P. O. Box 3265
Harrisburg, Pa 17105-3265

PA P.O.C.
SECRETARY'S BUREAU

2015 APR 20 11:10:43

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