

ENGLES TRUCKING COMPANY  
P.O. BOX 123  
FRANKLIN, PENNA. 16323  
(814-437-2499)

June 18, 1991

Pennsylvania Public Commission  
P.O. Box 3265  
Harrisburg, Pa. 17120  
Attn: David Ehrhart

A-109827

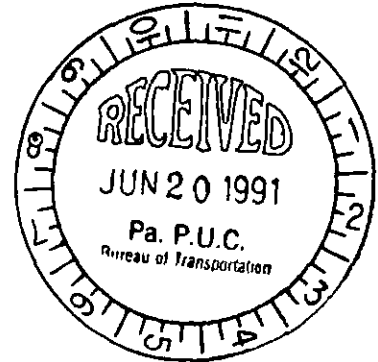
Dear Sir:

The original application I sent on May 9, 1991 has been lost in transit, as your office has no record of the application. We are submitting duplicated application via a conversation with your office on June 17, 1991. I most certainly appreciate your help in processing this application.

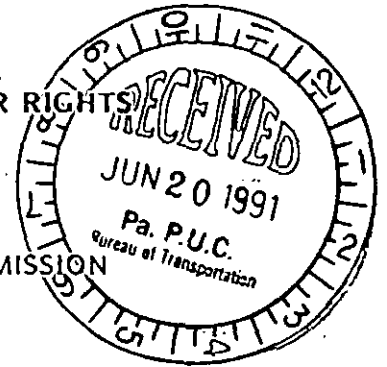
Sincerely yours,



Timothy R. Engles



APPLICATION FOR APPROVAL OF TRANSFER  
AND EXERCISE OF COMMON OR CONTRACT CARRIER RIGHTS



BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

Application of TIMOTHY R ENGLES  
(Applicant/Transferee-Buyer)

for approval of the transfer and to exercise the right

as a COMMON carrier, described at Docket  
(common-contract)

No. # 100721, Folder No. \_\_\_\_\_, issued to

RONALD H. SCHILK  
(Transferor-Seller)

for transportation of PROPERTY  
(persons-property)

**PUC USE ONLY**  
Docket No. 109827  
Folder No. \_\_\_\_\_

TK-700445

SEE INSTRUCTIONS BEFORE COMPLETING APPLICATION

1. TIMOTHY R. ENGLES  
(Full and correct name of applicant/transferee)

2. ENGLES FAMILY MOVING  
(Trade name, if any)

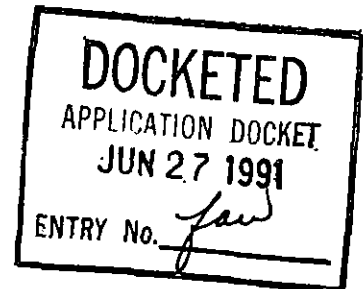
The trade name HAS NOT been registered with the Secretary of the  
(has or has not)  
\* note: State has informed us that I don't need one as my name appears in  
Commonwealth on business name (attach copy of stamped registration form.)  
(date)

3. 805 ATLANTIC AVENUE 123  
(Business Street Address) (P.O. Box, if any)

FRANKLIN, PENNA.  
(City) VENANGO PENNA. 16323 (814) 432-2538  
(County) (State) (Zip) (Telephone)



ENDING



4. Applicant's attorney (for this application) is:

N/A  
(Name) (Address) (Telephone)

5. Any documents should be mailed to:

Transferee: TIMOTHY R. ENGLER P.O. BOX 123 FRANKLIN, PENNA. 16323  
(Name) (Address)

Transferor: RONALD H. SCHILK R.D.# 2 OIL CITY, PENNA. 16301  
(Name) (Address)

6. Applicant DOES NOT hold Pa. PUC authority under Docket Number  
(does or does not)

A- and operates as a \_\_\_\_\_ carrier.  
(common or contract)

7. Applicant DOES NOT hold Interstate Commerce Commission authority  
(does or does not)

at Docket No. \_\_\_\_\_.

8. Applicant is (check one):

- Individual.
- Partnership. Must attach a copy of the partnership agreement (unless a copy is presently on file with PUC), and list names and addresses of partners below (use additional sheet if necessary).

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_

\_\_\_\_\_

Corporation. Organized under the laws of the State of \_\_\_\_\_  
and qualified to do business in Pennsylvania by registering with the Secretary of the Commonwealth on \_\_\_\_\_ (Attach copy of Certificate of Incorporation or Authority and statement of charter purpose). Include as an attachment a list of corporate officers and their titles and the names, addresses and number of shares held by each stockholder.

9. If applicant, its stockholders or partnership members are in control of or affiliated with any other carrier, state name of carrier(s), Docket Number(s) and nature of control or affiliation.

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10. Applicant proposes to acquire ALL of the operating rights now held (all or part) by transferor. Attach sheet describing rights to be transferred to applicant and rights to be retained by transferor, if any. If any rights are to be omitted, give reasons.

11. The reason for the transfer is To start a new business in Franklin, Penna. in Venango County.

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12a. The following must be attached:

- Sales Agreement.
- List of equipment to be used to render service. (summarize by type)
- Operating authority to be transferred/retained.
- Statement of Financial Condition.
- Statement of unpaid business debts of transferor and how they will be satisfied.
- Statement of safety program.
- Statement of transferee's experience.

b. Attach the following, as appropriate (check those attached):

- Partnership Agreement.
- Trade Name registration certificate.
- Certificate of Incorporation. (Pa. Corporation only)
- Certificate of Authority. (Foreign ((out-of-state)) Corporation only)
- Statement of corporate charter purpose. (corporations only)
- List of corporate officers and stockholders. (corporations only)
- Copy of short form certificate showing date of death of transferor and name of executor or administrator/administratrix.

13. Transferor attests that all general assessments and fines are paid, that no annual reports are due and agrees to continue to render the service which is to be transferred until this application is approved, whereupon transferor will surrender said certificate or permit for cancellation.

14. Transferee agrees to assume and pay any General Assessments that may be made against transferor as a common carrier for any and all operating periods up to the actual date of the transfer.

WHEREFORE, Transferee and Transferor request that the Commission grant the Transfer.

Transferee sign here: Timothy R Engles 5-9-91  
(each partner must sign) (Date)

(Corporate Seal)

Timothy R Engles

Ronald N. Schell

Transferor sign here:

Ronald N. Schell

(Corporate Seal)

THIS MUST BE COMPLETED BY NOTARY PUBLIC  
AFFIDAVIT OF TRANSFEROR/SELLER (Natural Person)

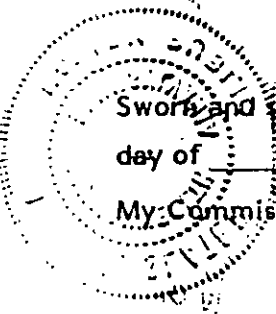
COMMONWEALTH OF PENNSYLVANIA :  
: ss:  
Venango County :

Ronald H. Schilk, 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 knowledge, information and belief and he expects to be able to prove the same  
at the hearing hereof.

Ronald H. Schilk  
Signature of Affiant

Notary Seal  
Dawn R. Slater, Notary Public  
Oil City, Venango County  
My Commission Expires Jan. 20, 1992  
Member, Pennsylvania Association of Notaries

Dawn R. Slater  
Signature of Official Administering Oath



Sworn and subscribed before me this 9  
day of MAY 19 91  
My Commission Expires JAN. 20, 1992

AFFIDAVIT OF TRANSFEROR/SELLER (Corporation)

COMMONWEALTH OF PENNSYLVANIA :  
: ss:  
\_\_\_\_\_ County :

\_\_\_\_\_, being duly sworn (affirmed) according to law,  
deposes and says that he is \_\_\_\_\_ of \_\_\_\_\_;  
(Office of Affiant) (Name of Corporation)  
that he 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 knowledge, information and belief  
and that he expects the said \_\_\_\_\_ to be able to prove the  
(Name of Corporation)  
same at the hearing hereof.

\_\_\_\_\_  
Signature of Affiant

Sworn and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_ 19 \_\_\_\_  
My Commission expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Administering Oath

THIS MUST BE COMPLETED BY NOTARY PUBLIC  
AFFIDAVIT OF TRANSFEREE/APPLICANT (Natural Person)

COMMONWEALTH OF PENNSYLVANIA :  
: SS:  
Venango County :

Timothy R. Engles, 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 knowledge, information and belief and he expects to be able to prove the same at the hearing hereof.

Sworn and subscribed before me this 9  
day of May 19 99  
My Commission Expires Jan 20, 1992

Timothy R. Engles  
Signature of Affiant

Notarial Seal  
Dawn R. Slater, Notary Public  
Oil City, Venango County  
My Commission Expires Jan. 20, 1992  
Member, Pennsylvania Association of Notaries

Dawn R. Slater  
Signature of Official Administering Oath

AFFIDAVIT OF TRANSFEREE/APPLICANT (Corporation)

COMMONWEALTH OF PENNSYLVANIA :  
: SS:  
\_\_\_\_\_ County :

\_\_\_\_\_, being duly sworn (affirmed) according to law, desposes and says that he is \_\_\_\_\_ of \_\_\_\_\_, (Office of Affiant), (Name of Corporation) that he 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 knowledge, information and belief and that he expects the said \_\_\_\_\_ to be able to prove the same (Name of Corporation) the same at the hearing hereof.

\_\_\_\_\_  
Signature of Affiant

Sworn and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_ 19 \_\_\_\_  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Administering Oath

**LIST OF EQUIPMENT:**

1991 CARMATE 32ft. 5th. wheel trailer 3 Axel  
SERIAL NO.# 1P9C832T6ML017765

1988 FORD F 350 1 TON TRUCK  
SERIAL NO.# 2FTJW35G2JCB18300

**SAFETY PROGRAM:**

I have been in trucking for about ten years starting out as a driver and then moving into the office. I also, oversaw the repair shop and safety part of the company, while employed with company. I am fully aware of the safety aspect of the trucking industry and personally plan on complying with all regulations.

**EXPERIENCE:**

I have 4 years on the road experience in truck driving.  
I have 5 years experience in household goods and services.  
I have 2½ years experience as an agent for trucking company.  
I have 3 months as a self-employed agent for West Contract Services.

5-9-91

To Whom it may Concern.

at this present time I have no business  
depts connected with this business that are unpaid.

Ronald H. Skell

Gawn R. Slater - Witness

5/9/91

SALES AGREEMENT

DATE: 5-9-91

I RONALD H. SCHILK agree to sell my P.U.C. AUTHORITY,  
DOCKET # 100721, whole and complete and free from liens; to  
TIMOTHY R. ENGLER, doing business as ENGLER FAMILY MOVING  
located at 805 Atlantic Avenue, P.O. Box 123, Franklin, Penna.  
16323. In return will pay a purchase price of \$5000. (Five-  
Thousand Dollars.): payable to RONALD H SCHILK, said  
owner of existing authority, upon final approval by the P.U.C.  
Secretary and board.

Ronald H. Schilk  
SELLER

Dawn R. Slater  
WITNESS

Timothy R. Engler  
BUYER

Dawn R. Slater  
WITNESS

# Pennsylvania Public Utility Commission

COMMISSION COPY  
 CARRIER COPY  
 P.U.C. Certificate  
 No. A. \_\_\_\_\_  
 I.C.C. Certificate  
 No. MC. \_\_\_\_\_

BUREAU OF TRANSPORTATION  
 P.O. Box 3265, Harrisburg, Pennsylvania 17120

CALENDAR YEAR

**1990**

## ANNUAL REPORT

PROPERTY CARRIER  
 Name and Address of Reporting Carrier

File by March 31, 1991  
 This report covers period from:  
1-1 1990 to  
12-31 1991

Name and Address of Reporting Carrier	Correct Name and Address if Different Than Shown
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**A. Kind of Organization — Any change during year** Yes  No

1.  Individual                      2. \_\_\_\_\_ Partnership  
 3. \_\_\_\_\_ Corporation                4. \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**B. Type of Operation**

1.  General Freight  
 2. \_\_\_\_\_ Household Goods  
 3. \_\_\_\_\_ Other Specific Commodities  
 4. Commodities Transported (Most Important)  
    a. \_\_\_\_\_  
    b. \_\_\_\_\_  
    c. \_\_\_\_\_

**C. Corporation**

1. Incorporated in state of \_\_\_\_\_ on \_\_\_\_\_ 19\_\_\_\_

2. Directors:

Name	Address	Term Expires
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

3. Principal General Officers:

Name	Title
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

4. Principal Stockholders:

Name	Address	Class	Shares
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

**D. Partnership**

1. Partners:

Name	Address	% of Interest
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

**PAID PREPARER'S SECTION**

Accounting Firm and/or Accountant's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
AREA CODE

**Name, official title, telephone number and office address of officer, owner or partner in charge of correspondence with the Commission:**

Name Ronald H. Schillig Title Owner

Telephone Number: Area Code 814 Telephone Number 6761139

Office Address: 11-50 #2 Box City Pa 16301  
STREET AND NUMBER CITY, STATE AND ZIP CODE

Out-of-State carriers please provide Pennsylvania address and telephone number, for contact purposes.

**AFFIDAVIT**

Commonwealth of Pennsylvania )  
 County of \_\_\_\_\_ ) ss:

(Name of Affiant) \_\_\_\_\_ makes oath and says that he is \_\_\_\_\_  
 (Title of Affiant) \_\_\_\_\_ of (legal title or name or respondent) \_\_\_\_\_

and that the annual report has been prepared by him or under his direction; that he has carefully examined the said report; that he believes all statements of fact contained in the said report is a true and complete statement of the business and affairs of the above-named respondent and the operation of its property during the calendar year.

Signature of Affiant \_\_\_\_\_ Notary \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ My Commission Expires: \_\_\_\_\_

**BALANCE SHEET STATEMENT (omit cents)**

Line No.	ASSETS	Balance End of Yr.	Line No.	LIABILITIES AND EQUITY	Balance End of Yr.
	<b>Current Asset</b>			<b>Current and Accrued Liabilities</b>	
1	Cash and working funds.....	\$ _____	27	Notes payable within one year	\$ _____
2	Special deposits.....	_____	28	a. Equipment Due.....	_____
3	Notes receivable.....	_____	29	b. Owners and officers.....	_____
4	Accounts receivable from:		30	c. Affiliates.....	_____
5	a. Trade and Interline.....	_____		d. Others.....	_____
6	b. Owners and officers.....	_____		Accounts payable to:	
7	c. Affiliates.....	_____	31	a. Trade and interline.....	_____
8	d. Others.....	_____	32	b. Owners and officers.....	_____
9	Prepayments.....	_____	33	c. Affiliates.....	_____
10	Materials and supplies.....	_____	34	d. Others.....	_____
11	Other current assets.....	_____	35	Wages and salaries payable.....	_____
12	<b>Total Current Assets</b> .....	_____	36	C.O.D.'s unremitted.....	_____
	<b>Property and Investments</b>		37	Taxes payable.....	_____
	<b>Tangible property</b>		38	Other current & accrued liabilities.....	_____
13	Total Carrier Property.....	_____	39	<b>Total Current &amp; Accrued Liabilities</b> .....	_____
14	Less: Accumulated Depreciation.....	_____		<b>Equipment and Other Long Term Obligations</b>	
15	Net Carrier Property.....	_____	40	Equipment Obligations.....	_____
16	Noncarrier property.....	_____	41	Real Estate Obligations.....	_____
17	Less: Accumulated Depreciation.....	_____	42	Owing to owners, officers & affiliates.....	_____
18	Net Non Carrier Property.....	_____	43	Other long term obligations.....	_____
	<b>Intangible Property</b>		44	<b>Total Equipment &amp; Other Long Term Obligations</b> .....	_____
19	a. Franchises and permits.....	_____	45	Estimated liabilities (long term).....	_____
20	b. Goodwill and other.....	_____		<b>Equity</b>	
	<b>Investments and Advances</b>		46	Noncorporate capital.....	_____
21	a. Affiliates.....	_____	47	Capital stock.....	_____
22	b. Cash value life ins. policies.....	_____	48	Capital surplus.....	_____
23	c. Other.....	_____	49	Retained earnings.....	_____
24	<b>Total Property and Investments</b> .....	_____	50	<b>Total Equity</b> .....	_____
25	Deferred debits and other assets.....	_____	51	<b>TOTAL LIABILITIES AND EQUITY</b> .....	_____
26	<b>TOTAL ASSETS</b> .....	_____			

**MOTOR VEHICLE EQUIPMENT AT END OF YEAR (omit cents)**

1. The information called for below shall be given for each motor vehicle, including trailers, automobiles and service cars, included in carrier operating property at the end of year.

2. In the event the carrier has recorded on its books the purchase of motor vehicles on a basis other than cost, a statement shall be attached showing a reconciliation between the amount as recorded and the cost to the carrier of such motor vehicle.

Make of Vehicle	Model (Year)	Type of Body	Seating Capacity or Tonnage	Date Purchased	Condition When Purchased (New or Used)	Cost to Carrier At Time of Purchase	Depreciation Accrued		Depreciation Book Value	Total Miles Operated During Year
							Current Year	Total At End of Year		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
<b>TOTAL</b>	****	*****	****	****	*****					

**MOTOR VEHICLE EQUIPMENT RETIRED DURING YEAR (omit cents)**

The information called for below shall be given for each motor vehicle, including trailers, automobiles and service cars, retired during the year.

Line No.	Make of Vehicle	Model (Year)	Type of Body	Seating Capacity or Tonnage	Date Purchased	Date Retired	Book Cost of Vehicle Retired	Salvage Trade-in or Other Amount Realized	Net Charge To Reserve	Depreciation Adjustment Account	Total Mileage at Date of Retirement
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
1											
2											
3											
4											
5											
6											
7											
8	<b>TOTAL</b>	***	*****	***	****	*****					

**EQUIPMENT AVAILABLE FOR CURRENT YEAR**

Licensed and Insured Revenue Equipment Type	Number Owned	Number Leased	Total
Trucks.....	_____	_____	_____
Truck Tractors.....	_____	_____	_____
Trailers (Semi or Full).....	_____	_____	_____
Others.....	_____	_____	_____

**OPERATING REVENUES**

Show hereunder the revenues derived by the carrier during the year from transportation service and for service incident thereto classified between intrastate and interstate revenues and in accordance with the accounts contained in the Uniform System of Accounts.

Classification	Revenues From Intrastate (PA) Operations (Omit Cents)			Revenues From Interstate Operations (Omit Cents)			Total Revenues (Omit Cents)		
	...	...	...	...	...	...	...	...	...
<b>TRANSPORTATION OF PROPERTY</b>	...	...	...	...	...	...	...	...	...
Freight Revenue — Intercity —	<i>None</i>						<i>None</i>		
Freight Revenue — Local Cartage	<i>None</i>						<i>None</i>		
Total Revenue — Transportation of Property	<i>None</i>						<i>None</i>		
Other Operating Revenue — Submit Detail									
Total Operating Revenues	<i>None</i>						<i>None</i>		

**COMPARATIVE INCOME STATEMENT (omit cents)**

1. State the Income of the carrier classified in accordance with the instructions prescribed in the Uniform System of Accounts.
2. Enter in Column (c) the Income applicable to the year covered by this report; in Column (d) enter the Income applicable to the preceding year and in Column (e) enter the difference between Columns (c) and (d). Current year excesses over previous year figures shall be shown in black and the decreases shown in red (or in black followed by appropriate symbol).
3. If the increases and decreases are in anywise inconsistent with previously reported figures, explain under Explanatory Remarks.

Description	Amounts Applicable To The Year Covered By This Report (b)	Amounts Applicable To The Year Covered By This Report (c)	Comparison With Preceding Year		
			Amount (d)	Difference Increase — Black Decrease — Red (e)	
	...	...	...	...	...
<b>I. CARRIER OPERATING INCOME</b>	...	...	...	...	...
Revenues:					
Operating Revenues (A)	<i>None</i>				
Expenses:					
* Operation and Maintenance Expenses (Total From Page 4)	<i>None</i>				
Depreciation Expense					
Amortization Chargeable to Operations					
Operating Taxes and Licenses					
Operating Rents					
(Gain) or Loss on Disposition of Operating Assets					
<b>Total (B)</b>					
Net Operating Revenue					
<b>II. OTHER INCOME</b>	...	...	...	...	...
Net Income from Non-Carrier Operations					
Net Income from Non-Operating Property					
Interest Income					
Dividend Income					
Income from Sinking and Other Funds					
Other Non-Operating Income					
<b>Total Other Income</b>	<i>None</i>				
Gross Income					
<b>III. INCOME DEDUCTIONS</b>	...	...	...	...	...
Interest on Long-Term Obligations					
Other Interest Deductions					
Taxes Assumed on Interest					
Amortization of Debt Discount and Expenses					
Amortization of Premium on Debt — Credit					
Other Deductions					
<b>Total Income Deductions</b>					
Net Income Before Income Taxes					
Provision for Income Taxes (C)					
Net Income (or Loss) Transferred to Earned Surplus					

Operating Ratio Before Income Taxes (B) ÷ (A) = \_\_\_\_\_ %  
 Operating Ratio After (Gain) or Loss on Disposition of Operating Assets = \_\_\_\_\_ %

**EXPLANATORY REMARKS — Comparative Income Statement**

This space may be used by the carrier in furnishing additional data in support of any item appearing in the above Income Statement which by reason of its unusual character justifies an explanation.

**OPERATION AND MAINTENANCE EXPENSES (omit cents)**

Show hereunder the operating and maintenance expenses of the carrier for the year covered by this report, classified in accordance with the Uniform Systems of Accounts for Carriers of passengers and/or property by motor vehicle.

Account Title (b)	Total (c)			Account Title (b)	Total (c)		
<b>EQUIPMENT MAINTENANCE AND GARAGE EXPENSE</b>	**	***	***	<b>INSURANCE AND SAFETY EXPENSE (Continued)</b>			
Supervision of Shop and Garage				Workmen's Compensation — Self Insurance			
Repairs to Shop and Garage				Baggage and Express or Cargo Insurance			
Operation and Maintenance of Service Equipment				Baggage and Express or Cargo Loss and Damage			
Repairs to Shop and Garage Buildings and Grounds				Fire and Theft Insurance			
Light, Heat, Power and Water for Shops and Garages				Other Insurance			
Other Shop and Garage Expenses				Total			
Repair to Revenue Equipment				<b>ADMINISTRATIVE AND GENERAL EXPENSE</b>	**	***	***
Servicing of Revenue Equipment				Salaries of General Officers			
Tires and Tubes — Revenue Equipment				Expenses of General Officers			
				Salaries of General Office Employees			
				Expenses of General Office Employees			
Total				Law Expenses			
<b>TRANSPORTATION EXPENSE</b>	**	***	***	General Office Supplies and Expenses			
Supervision of Transportation				Communication Service			
Drivers and Helper's Wages and Bonuses				Outside Auditing Expenses			
Fuel for Revenue Equipment				Employees' Welfare Expenses			
Oil for Revenue Equipment				Purchasing and Store Expenses			
Purchased Transportation — Submit Detail				Other General Expenses			
Road Expense				Management and Supervision Fees and Expenses (Supply Detail)			
Bridge, Tunnel and Ferry Tolls				Franchise Requirements — Debit			
Wages of Miscellaneous Transportation Employees				Franchise Requirements — Credit			
Other Transportation Expense				Other Regulatory Commission Expenses			
Total				Uncollectible Revenues			
<b>TERMINAL OR STATION EXPENSE</b>	**	***	***				
Salaries and Commissions (Passenger) — Terminal Employees (Property)				Total			
Supplies and Expenses				*Grand Total (Enter on Page 3)			
Repairs to Station Buildings or Terminals and Equipment							
Commission Agents and Connecting Lines							
Commissions Paid							
Other Expenses Allowed							
Interline Commissions Paid							
Interline Commission Earned — Credit							
Collection and Delivery							
Purchase Collection and Delivery or Local Cartage							
Total							
<b>TRAFFIC SOLICITATION OR SALES, TARIFFS &amp; ADV. EXP.</b>	**	***	***				
Sales and Expenses							
Tariffs and Schedules							
Tickets and Baggage Checks							
Other Traffic or Sales Expenses							
Advertising							
Total							
<b>INSURANCE AND SAFETY EXPENSE</b>	**	***	***				
Salaries and Expenses — Insurance and Safety							
Public Liability and Property Damage Insurance							
Injuries and Damages							
Workmen's Compensation — Insurance							

**HOUSEHOLD GOODS CARRIERS ONLY**

<b>Transported Distances</b>	<b>Intrastate Revenue (PA)</b>
40 miles or less .....	\$ _____
over 40 miles .....	\$ _____
Total .....	\$ _____



PENNSYLVANIA PUBLIC UTILITY COMMISSION  
HARRISBURG, PENNSYLVANIA 17120

STATEMENT OF OPERATING REVENUES FOR GENERAL ASSESSMENT  
PURPOSES OF COMMON CARRIER OF PROPERTY  
AND/OR PERSONS BY MOTOR VEHICLE

ASSESSMENT REPORT  
FORM MT-90

838420

TK

SCHILK, RONALD H.

R.D. 2

COLE CITY

PA 16301

P.U.C. Certificate No. 100721

I.C.C. Permit No. \_\_\_\_\_

Did you operate during all  
of 1990 \_\_\_\_\_

If not, show operating period  
NONE \_\_\_\_\_

(Property  \_\_\_\_\_

(Both \_\_\_\_\_

Do you haul \_\_\_\_\_

(Persons \_\_\_\_\_

THIS REPORT MUST BE FILED ON OR BEFORE MARCH 31, 1991 . NO EXTENSIONS  
IF THIS REPORT IS NOT FILED THE COMMISSION WILL ESTIMATE YOUR INTRASTATE  
OPERATING REVENUES AND ISSUE A BINDING ASSESSMENT UPON SAID BASIS.

GROSS OPERATING REVENUES

CALENDAR YEAR  
1990

- Total gross operating revenues earned from operating as a common carrier of property and/or persons, as shown by competent records. If you had no revenue, insert NONE .
- Deduct: Operating revenues earned from interstate operations and/or revenues exempt under the Public Utility Code  
DO NOT DEDUCT EXPENSES.
- Balance: Gross intrastate operating revenues, on which assessment will be based under Section 510 of the Penna. Public Utility Code. (omit cents)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

THE SOURCE OF YOUR GROSS OPERATING REVENUE AS SHOWN ON  
LINE 1 MUST BE SHOWN IN THE PROPER COLUMNS ON THE REVERSE  
SIDE OF THIS REPORT. MISCELLANEOUS (OTHER) OPERATING REVENUE  
MUST BE ITEMIZED ON THE REVERSE SIDE HEREOF.

COPY FOR YOUR FILES

Ronald H. Schilk

The method of computation of intrastate operating revenue is as follows:

- a. ( ) Actual Records
- b. ( ) Estimated
- c. ( ) Other (Explain)

**OPERATING REVENUES**

Show hereunder the revenues derived by the carrier during the year from transportation service and for service incident thereto classified between intrastate and interstate revenues and in accordance with accounts contained in the Uniform System of Accounts.

CLASSIFICATION	Revenues from Intrastate (PA) Operations	Revenues from Interstate Operations	Total Revenues
<b>TRANSPORTATION OF PASSENGERS</b>	*****	*****	*****
Passenger Revenue:	*****	*****	*****
- Schedule route service			
- Group and party service			
- Call or demand service			
- Limousine service			
- Airport transfer service			
- Para-Transit service			
Other Revenue:	*****	*****	*****
- Baggage, mail, express, newspapers, etc.			
<b>Total</b>			
Other Revenue: School Contracts			
<b>Total Revenue - Passengers</b>			
Senior citizens grant included in above			
Purchase of Service agreement included in above			
Other subsidies included in above			
<b>TRANSPORTATION OF PROPERTY</b>	*****	*****	*****
Freight Revenue - Common Carrier - Intercity			
Freight Revenue - Local Cartage			
<b>Total Revenue - Property</b>			
Other Operating Revenue - Submit Detail			
<b>Total Revenues</b>			

**GROSS OPERATING REVENUES**

1. Total gross operating revenues earned from operating as a common carrier of property and/or persons, as shown by competent records. If you had no revenue, insert "NONE".
2. Less gross operating revenues earned from interstate operations. **DO NOT DEDUCT EXPENSES.**
3. Gross intrastate revenue before exemptions.
4. Less exemptions (Itemize below).
5. Balance: Intrastate gross operating revenues, on which assessment will be based under Section 510 of the Public Utility Code. (Subtract line 4 from line 3 and enter this amount on line 3 on face of form.)

\$ None

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ None

BUREAU USE ONLY RECEIVED APR 15 1990

DLN 900 71906

90500598

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE

GROSS RECEIPTS TAX REPORT OPERATORS OF MOTOR VEHICLES FOR HIRE

CORPORATION TAX FILE (BOX) NUMBER 4443-503

MAILING INSTRUCTIONS FOR SETTLEMENT (if other than corporate address)

Name: RONALD H SCHILK, Street Address: R D 2, City: OIL CITY, State: PA, Zip Code: 16301

Tax Year Ending December 31, 1989

LAST REPORT - FINAL (Out-of-business, PA) AMENDED REPORT

COMPUTATION OF TAX BY TAXPAYER

SETTLEMENT - BUREAU USE ONLY

Table with 5 main rows: 1. INTRASTATE OPERATIONS, 2. INTERSTATE OPERATIONS, 3. TOTAL TAX, 4. CREDITS, 5. Net Amount of Tax. Includes handwritten entries like 'NONE' and '0'.

Table with 5 main rows: 1a, 1b, 2a, 2b, 2c, 2d, 2e, 3, 4a, 4b, 4c, 4, 5. Includes handwritten entries like 'none' and '0'.

Table with 3 main rows: T/C 01 SELF ASSESSED TAX 10, TAX DEBIT OR CREDIT, SETTLED TAX, PENALTY FOR FILING REPORT LATE, MOTOR FUND 101501, GENERAL FUND 123161, TOTAL REMITTANCE.

AFFIRMATION

I hereby affirm under penalties prescribed by law that this Report (including any accompanying schedules and statements) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete report.

Date: 4-15-90, Signature of Official: Ronald H. Schilk, Print or Type Name of Official: RONALD H. SCHILK, Title: OWNER

City, State, Zip Code, Telephone Number: (814) 676-1139

DEPARTMENT OF REVENUE OFFICIAL SETTLEMENT, DEPARTMENT OF REVENUE, Harrisburg, PA, DEC 17 1990, SETTLED AND DELIVERED TO AUDITOR GENERAL, Nicholas P. Bakowicz

DEPARTMENT OF AUDITOR GENERAL, Harrisburg, PA, DEC 31 1990, AUDITED AND APPROVED, J. J. Fink



For the year Jan. - Dec. 31, 1990, or other tax year beginning 1990, ending 19 OMB No. 1545-0074

Label

(See instructions on page 8.)

Use IRS label. Otherwise please print or type.

Personal information section including name (TIMOTHY R. ENGLS), spouse's name (SANDRA E. ENGLS), address (R.D. 3, BOX 412 D, FRANKLIN, PA 16323), and social security numbers.

Presidential Election Campaign (See page 9.)

Do you want \$1 to go to this fund? Yes [ ] No [X] (for both taxpayer and spouse)

Filing Status

Check only one box.

Filing status options: 1 Single, 2 Married filing joint return (selected), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er).

Exemptions

(See instructions on page 10.)

If more than 6 dependents, see instructions on page 11.

Exemption section including 6a Yourself, 6b Spouse, and 6c Dependents table with entries for HEATHER A. ENGLS (DAUGHTER) and JASON P. ENGLS (SON).

Income

Please attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 8.

Attach check or money order on top of any Forms W-2, W-2G, or W-2P.

Income section with lines 7-23. Total income reported as 65,043. Includes a large watermark: 'THIS COPY TO BE RETAINED BY CLIENT'.

Adjustments to Income

(See instructions on page 17.)

Adjustments to income section with lines 24a-30. Total adjustments reported as 0.

Adjusted Gross Income

Adjusted gross income calculation: Subtract line 30 from line 23. Total adjusted gross income is 65,043.

<b>Tax Computation</b>	<b>32</b> Amount from line 31 (adjusted gross income) .....	<b>32</b>	<b>65,043</b>
	<b>33a</b> Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or over <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here .....	<b>33a</b>	
	<b>b</b> If your parent (or someone else) can claim you as a dependent, check here .....	<b>33b</b>	
	<b>c</b> If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here .....	<b>33c</b>	
	<b>34</b> Enter the larger of: { • Your <b>standard deduction</b> (from the chart (or worksheet) on page 20 that applies to you), OR • Your <b>itemized deductions</b> (from Schedule A, line 27). If you itemize, attach Schedule A and check here. .... <input checked="" type="checkbox"/> } .....	<b>34</b>	<b>8,767</b>
	<b>35</b> Subtract line 34 from line 32. ....	<b>35</b>	<b>56,276</b>
	<b>36</b> Multiply \$2,050 by the total number of exemptions claimed on line 6e. ....	<b>36</b>	<b>8,200</b>
	<b>37</b> <b>Taxable Income.</b> Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.) .....	<b>37</b>	<b>48,076</b>
	<b>38</b> Enter tax. Check if from: <b>a</b> <input checked="" type="checkbox"/> Tax Table, <b>b</b> <input type="checkbox"/> Tax Rate Schedules, or <b>c</b> <input type="checkbox"/> Form 8815 (see pg. 21) (If any is from Form(s) 8814, enter that amt. here. . . <b>d</b> _____ ) .....	<b>38</b>	<b>9,243</b>
	<b>39</b> Additional taxes (see pg. 21). Check if from: <b>a</b> <input type="checkbox"/> Form 4970, <b>b</b> <input type="checkbox"/> Form 4972. ....	<b>39</b>	
<b>40</b> Add lines 38 and 39 .....	<b>40</b>	<b>9,243</b>	
<b>Credits</b>	<b>41</b> Credit for child and dependent care expenses (att. Form 2441) .....	<b>41</b>	
	<b>42</b> Credit for the elderly or the disabled (attach Schedule R) .....	<b>42</b>	
	<b>43</b> Foreign tax credit (attach Form 1116) .....	<b>43</b>	
	<b>44</b> General business credit. Check if from: <b>a</b> <input type="checkbox"/> Form 3800 or <b>b</b> <input type="checkbox"/> Form (specify) _____ .....	<b>44</b>	
	<b>45</b> Credit for prior year minimum tax (attach Form 8801) .....	<b>45</b>	
	<b>46</b> Add lines 41 through 45. ....	<b>46</b>	
<b>47</b> Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.) .....	<b>47</b>	<b>9,243</b>	
<b>Other Taxes</b>	<b>48</b> Self-employment tax (attach Schedule SE) .....	<b>48</b>	
	<b>49</b> Alternative minimum tax (attach Form 6251) .....	<b>49</b>	
	<b>50</b> Recapture taxes (see page 22). Check if from: <b>a</b> <input type="checkbox"/> Form 4255, <b>b</b> <input type="checkbox"/> Form 8811. ....	<b>50</b>	
	<b>51</b> Social security tax on tip income not reported to employer (attach Form 4137) .....	<b>51</b>	
	<b>52</b> Tax on an IRA or a qualified retirement plan (attach Form 5329) .....	<b>52</b>	<b>43</b>
	<b>53</b> Advance earned income credit payments from Form W-2. ....	<b>53</b>	
	<b>54</b> Add lines 47 through 53. This is your <b>total tax</b> .....	<b>54</b>	<b>9,286</b>
	<b>Payments</b>	<b>55</b> Federal income tax withheld (if any is from Form(s) 1099, check. .... <input type="checkbox"/> ) .....	<b>55</b>
<b>56</b> 1990 estimated tax payments & amt. applied from 1989 return. ....		<b>56</b>	
<b>57</b> Earned income credit .....		<b>57</b>	
<b>58</b> Amount paid with Form 4868 (extension request) .....		<b>58</b>	
<b>59</b> Excess social security tax and RRTA tax withheld (see page 24) .....		<b>59</b>	
<b>60</b> Credit for Federal tax on fuels (attach Form 4136) .....		<b>60</b>	
<b>61</b> Regulated investment company credit .....		<b>61</b>	
<b>62</b> Add lines 55 through 61. These are your <b>total payments</b> .....		<b>62</b>	<b>11,359</b>
<b>63</b> If line 62 is more than line 54, enter amount <b>OVERPAID</b> .....		<b>63</b>	<b>2,073</b>
<b>64</b> Amount of line 63 to be <b>REFUNDED TO YOU</b> .....		<b>64</b>	<b>2,073</b>
<b>Refund or Amount You Owe</b>	<b>65</b> Amount of ln. 63 to be <b>APPLIED TO YOUR 1991 ESTIMATED TAX</b> . <input type="checkbox"/> <b>65</b> .....	<b>65</b>	
	<b>66</b> If line 54 is larger than line 62, enter <b>AMOUNT YOU OWE</b> . Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it. ....	<b>66</b>	
	<b>67</b> Estimated tax penalty (see page 25) .....	<b>67</b>	

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Your signature	Date	Your occupation
	<i>R Polka</i>		<b>SELF EMPLOYED</b>
Keep a copy of this return for your records.	Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation
			<b>MANAGER</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	<i>R Polka CPA LFP</i>	<i>3-14-91</i>	
<b>Firm's name (or yours if self-employed) and address</b>	MCMAHON, O'POLKA & GUELCHER		E.I. No. <b>25-1483438</b>
	1328 ELK STREET FRANKLIN, PA		ZIP Code <b>16323</b>

**SCHEDULES A&B  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Schedule A-Itemized Deductions**  
(Schedule B is on back)

▶ Attach to Form 1040.

▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

**1990**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**TIMOTHY R. AND SANDRA E. ENGLER**

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses. (See page 27 of the Instructions.)	1			
2	Enter amount from Form 1040, line 32. . . . .	2			
3	Multiply the amount on line 2 by 7.5% (.075). Enter the result . . . . .	3			
4	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0- . . . . .	4			0
<b>Taxes You Paid</b>		5	2,349		
5	State and local income taxes. . . . .	6	1,010		
6	Real estate taxes. . . . .	7	20		
7	Other taxes. (List - include personal property taxes.) ▶ <u>OCCUPATIONAL PRIVILEGE</u>				
8	Add the amounts on lines 5 through 7. Enter the total. . . . .	8			3,379
<b>Interest You Paid</b>		9a	5,074		
9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10 . . . . .	9b			
9b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address) ▶	10			
10	Deductible points. (See Instructions for special rules.) . . . . .	11			
11	Deductible investment interest (See page 28.) . . . . .	12a	3,142		
12a	Personal interest you paid (See page 28.) . . . . .	12b	314		
12b	Multiply the amount on line 12a by 10% (.10). Enter the result. . . . .	13			5,388
13	Add the amounts on lines 9a through 11, and 12b. Enter the total . . . . .				
<b>Gifts to Charity</b>		14			
14	Contributions by cash or check. . . . .	15			
15	Other than cash or check. (You MUST attach Form 8283 if over \$500.) . . . . .	16			
16	Carryover from prior year. . . . .	17			0
17	Add the amounts on lines 14 through 16. Enter the total. . . . .				
<b>Casualty and Theft Losses</b>		18			0
18	Casualty or theft loss(es)(attach Form 4684). (See page 29 of the Instructions.) . . . . .				
<b>Moving Expenses</b>		19			0
19	Moving expenses (attach Form 3903 or 3903F). (See page 30 of the Instructions.) . . . . .				
<b>Job Expenses and Most Other Miscellaneous Deductions</b>		20			
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. (You MUST attach Form 2106 if required.) ▶	21			
21	Other expenses (investment, tax preparation, safe deposit box, etc.) ▶	22			
22	Add the amounts on lines 20 and 21. Enter the total . . . . .	23			
23	Enter the amount from Form 1040, ln. 32. . . . .	24			
24	Multiply the amount on line 23 by 2% (.02). Enter the result . . . . .	25			0
25	Subtract line 24 from line 22. Enter the result. If less than zero, enter -0- . . . . .				
<b>Other Miscellaneous Deductions</b>		26			0
26	Other (from list on page 30 of Instructions). List type and amount ▶				
<b>Total Itemized Deductions</b>		27			8,767
27	Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the Instructions. . . . .				

**Schedule C  
(Form 1040)**

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

OMB No. 1545-0074

**1990**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or Form 1041.

▶ See Instructions for Schedule C (Form 1040).

Attachment  
Sequence No. **09**

Name of proprietor <b>TIMOTHY R. ENGLER</b>		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) <b>TRUCKING</b>		B Enter principal business code (from page 2) ▶ <b>6338</b>
C Business name and address (Include suite or room no.) ▶ <b>TIMOTHY R. ENGLER</b> <b>R.D. 3, BOX 412 D FRANKLIN, PA 16323</b>		D Employer ID number (Not SSN)
E Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
F Method(s) used to value closing inventory: (1) <input type="checkbox"/> Cost (2) <input type="checkbox"/> Lower of cost or market (3) <input type="checkbox"/> Other (attach explanation) (4) <input checked="" type="checkbox"/> Does not apply (if checked, go to line H)		
G Was there change in determining quantities, costs, or valuations between opening & closing inventory? (If "Yes," att. explanation).....	Yes No	
H Are you deducting expenses for business use of your home? (If "Yes," see Instructions for limitations.).....	X	
I Did you "materially participate" in the operation of this business during 1990? (If "No," see Instructions for limitations on losses.).....	X	
J If this is the first Schedule C filed for this business, check here .....	▶ <input checked="" type="checkbox"/>	

**Part I Income**

1 Gross receipts or sales. <b>Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the Instructions and check here. .... ▶ <input type="checkbox"/>	1	21,659
2 Returns and allowances .....	2	
3 Subtract line 2 from line 1. Enter the result here .....	3	21,659
4 Cost of goods sold (from line 38 on page 2) .....	4	
5 Subtract line 4 from line 3 and enter the <b>gross profit</b> here .....	5	21,659
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see Instructions) .....	6	
7 Add lines 5 and 6. This is your <b>gross income</b> .....	7	21,659

**Part II Expenses**

8 Advertising .....	8	760	21 Repairs and maintenance .....	21	346
9 Bad debts from sales or services (see Instructions) .....	9		22 Supplies (not included in Part III) .....	22	10
10 Car and truck expenses (attach Form 4562) .....	10	2,338	23 Taxes and licenses .....	23	
11 Commissions and fees .....	11		24 Travel, meals, and entertainment:		
12 Depletion .....	12		a Travel .....	24a	182
13 Depreciation and section 179 expense deduction (not included in Part III) (see Instr.) ..	13	3,354	b Meals and entertainment .....	99	
14 Employee benefit programs (other than on line 19) .....	14		c Enter 20% of line 24b subject to limitations (see Instructions) .....	20	
15 Insurance (other than health) ..	15	520	d Subtract line 24c from 24b .....	24d	79
16 Interest:			25 Utilities .....	25	409
a Mortgage (paid to banks, etc.) ..	16a		26 Wages (less jobs credit) .....	26	
b Other .....	16b	1,617	27 a Other expenses (list type and amount):		
17 Legal & professional services ..	17		<b>SEE STATEMENT 1</b> .....	11,814	
18 Office expense .....	18	32	-----		
19 Pension & profit-sharing plans ..	19		-----		
20 Rent or lease (see Instr.):			-----		
a Vehicles, machinery and equip ..	20a	99	-----		
b Other business property .....	20b		27 b Total other expenses .....	27b	11,814
28 Add amounts in columns for lines 8 through 27b. These are your <b>total expenses</b> .....			28	21,560	
29 <b>Net profit or (loss).</b> Subtract line 28 from line 7. If a profit, enter here and on Form 1040, line 12. Also enter the net profit on Schedule SE, line 2 (statutory employees, see Instructions). If a loss, you <b>MUST</b> go on to line 30 (fiduciaries, see Instructions) .....			29	99	

30 If you have loss, you **MUST** check the box that describes your investment in this activity (see Instr.) .....

} 30a  All investment is at risk.  
30b  Some investment is not at risk.

If you checked 30a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see Instructions). If you checked 30b, you **MUST** attach Form 6198.

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**

(From rents, royalties, partnerships, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, Form 1041.

▶ See Instructions for Schedule E (Form 1040).

OMB No. 1545-0074

**1990**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

Your social security number

**TIMOTHY R. AND SANDRA E. ENGLER**

**Part I Income or Loss From Rentals and Royalties**

Note: Report farm rental income or loss from Form 4835 on page 2, line 39.

1 Show the kind and location of each rental property:

A RESIDENTIAL ROCKY GROVE, PA

B \_\_\_\_\_

C \_\_\_\_\_

2 For each rental property listed on line 1, did you or your family use it for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value during the tax year? (See Instructions)

	Yes	No
A		X
B		
C		

		Properties			D Totals	
		A	B	C	(Add columns A, B, & C)	
<b>Rental and Royalty Income:</b>						
3 Rents received	3	1,400			3	1,400
4 Royalties received	4				4	
<b>Rental and Royalty Expenses:</b>						
5 Advertising	5					
6 Auto and travel	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10	289				
11 Mortgage interest paid to banks, etc. (see Instr.)	11				11	
12 Other interest	12					
13 Repairs	13	326				
14 Supplies	14	223				
15 Taxes	15	122				
16 Utilities	16	308				
17 Wages and salaries	17					
18 ▶ <u>PLUMBING AND ELECTRICAL</u>	18	172				
<u>MISCELLANEOUS</u>		70				
19 Add lines 5 through 18	19	1,510			19	1,510
20 Depreciation expense or depletion (see Instr.)	20	337			20	337
21 Total expenses. Add lines 19 and 20	21	1,847				
22 Income or (loss) from rental or royalty properties. Subtract line 21 from line 3 (rents) or line 4 (royalties)	22	-447				
23 Deductible rental loss (see Instr.)	23	( 447 )				
24 Income. Add rental and royalty income from line 22. Enter the total income here	24					
25 Losses. Add royalty losses from line 22 and rental losses from line 23. Enter the total losses here	25	( 447 )				
26 Total rental or royalty income or (loss). Combine amounts on lines 24 and 25. Enter the result here. If Parts II, III, IV and line 39 on page 2 do not apply to you, enter the amount from line 26 on Form 1040, line 18. Otherwise, include the amount from line 26 in the total on line 40 on page 2.	26	-447				

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach this form to your return.

Name(s) shown on return

Identifying number

**TIMOTHY R. AND SANDRA E. ENGLER**

Business or activity to which this form relates

### SCHEDULE C

#### Part I Election To Expense Certain Tangible Property (Section 179)

(Note: If you have any "Listed Property," also complete Part V.)

1 Maximum dollar limitation (see instructions) .....	1	\$10,000
2 Total cost of section 179 property placed in service during the tax year (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	\$200,000
4 Reduction in limitation - Subtract line 3 from line 2, but do not enter less than -0- .....	4	
5 Dollar limitation for tax year - Subtract line 4 from line 1, but do not enter less than -0- .....	5	

(a) Description of property	(b) Cost	(c) Elected cost	

7 Listed property - Enter amount from line 28 .....	7	
8 Total elected cost of section 179 property - Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction - Enter the lesser of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from 1989 (see instructions) .....	10	
11 Taxable income limitation - Enter the lesser of taxable income or line 5 (see instructions) .....	11	
12 Section 179 expense deduction - Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 1991 - Add lines 9 and 10, less line 12 .....	▶ 13	

**Note:** Do not use Part II or Part III below for automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement (listed property). Instead, use Part V for listed property.

#### Part II MACRS Depreciation For Assets Placed In Service ONLY During Your 1990 Tax Year (Do Not Include Listed Property)

(a) Classification of property	(b) Mo. and yr. placed in service	(c) Basis for depreciation (Business use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>14 General Depreciation System (GDS) (see instructions):</b>						
a 3-year property						
b 5-year property		16,772	5	HY	200DB	3,354
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property						
h Nonresidential real property						
<b>15 Alternative Depreciation System (ADS) (see instructions):</b>						
a Class life						
b 12-year						
c 40-year						

#### Part III Other Depreciation (Do Not Include Listed Property)

16 GDS and ADS deductions for assets placed in service in tax years beginning before 1990 (see instructions) .....	16	
17 Property subject to section 168(f)(1) election (see instructions) .....	17	
18 ACRS and other depreciation (see instructions) .....	18	

#### Part IV Summary

19 Listed property - Enter amount from line 25 .....	19	
20 Total - Add deductions on line 12, lines 14 and 15 in column (g), and lines 16 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations - see instructions) .....	20	3,354
21 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions) .....	21	

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.      ▶ Attach this form to your return.

Name(s) shown on return

**TIMOTHY R. AND SANDRA E. ENGLER**

Identifying number

Business or activity to which this form relates

**SCHEDULE E**

**Part I Election To Expense Certain Tangible Property (Section 179)**

(Note: If you have any "Listed Property," also complete Part V.)

1 Maximum dollar limitation (see instructions) .....	1	\$10,000
2 Total cost of section 179 property placed in service during the tax year (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation .....	3	\$200,000
4 Reduction in limitation - Subtract line 3 from line 2, but do not enter less than -0- .....	4	
5 Dollar limitation for tax year - Subtract line 4 from line 1, but do not enter less than -0- .....	5	

(a) Description of property	(b) Cost	(c) Elected cost	

7 Listed property - Enter amount from line 26 .....	7	
8 Total elected cost of section 179 property - Add amounts in column (c), lines 6 and 7 .....	8	
9 Tentative deduction - Enter the lesser of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from 1989 (see instructions) .....	10	
11 Taxable income limitation - Enter the lesser of taxable income or line 5 (see instructions) .....	11	
12 Section 179 expense deduction - Add lines 9 and 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 1991 - Add lines 9 and 10, less line 12 .....	▶ 13	

**Note:** Do not use Part II or Part III below for automobiles, certain other vehicles, cellular telephones, computers, or property used for entertainment, recreation, or amusement (listed property). Instead, use Part V for listed property.

**Part II MACRS Depreciation For Assets Placed in Service ONLY During Your 1990 Tax Year**  
(Do Not Include Listed Property)

(a) Classification of property	(b) Mo. and yr. placed in service	(c) Basis for depreciation (Business use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>14 General Depreciation System (GDS) (see instructions):</b>						
a 3-year property						
b 5-year property						
c 7-year property		1,000	7	HY	200DB	143
d 10-year property						
e 15-year property						
f 20-year property						
g Residential rental property						
h Nonresidential real property						
<b>15 Alternative Depreciation System (ADS) (see instructions):</b>						
a Class life						
b 12-year						
c 40-year						

**Part III Other Depreciation (Do Not Include Listed Property)**

16 GDS and ADS deductions for assets placed in service in tax years beginning before 1990 (see instructions) .....	16	
17 Property subject to section 168(f)(1) election (see instructions) .....	17	
18 ACRS and other depreciation (see instructions) .....	18	194

**Part IV Summary**

19 Listed property - Enter amount from line 25 .....	19	
20 Total - Add deductions on line 12, lines 14 and 15 in column (g), and lines 18 through 19. Enter here and on the appropriate lines of your return. (Partnerships and S corporations - see instructions) .....	20	337
21 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs (see instructions) .....	21	

Form **5329**

# Return for Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities, and Modified Endowment Contracts

OMB. No. 1545-0203

Department of the Treasury  
Internal Revenue Service

(under Sections 72, 4973, 4974 and 4980A of the Internal Revenue Code)

**1990**

Attachment  
Sequence No. **29**

▶ Attach to Form 1040. See separate instructions.

Name of individual subject to penalty tax (Enter the name of one individual only. See the instructions for "Joint Returns.")

Your social security number

**SANDRA E. ENGLER**

Address (number and street) (Enter P.O. box no. if mail is not delivered to street address.)

City or town, state, and ZIP code

Check this box if this is  
an Amended Return

## Part I Excess Contributions Tax for Individual Retirement Arrangements (Section 4973)

Complete this part if, either in this year or in earlier years, you have contributed more to your IRA than is or was allowable and you have an excess contribution subject to tax.

1	Excess contributions for 1990 (see instructions). Do not include this amount on Form 1040, line 24a or 24b . . . . .	1	
2	Earlier year excess contributions not previously eliminated (see instructions) . . . . .	2	
3	Contribution credit. (If your maximum allowable contribution for 1990 is more than your actual contribution, see instructions for line 3; otherwise, enter zero.) . . . . .	3	
4 a	1990 distributions from your IRA account that are includible in taxable income . . . . .	4a	
b	1989 tax year excess contributions (if any) withdrawn after the due date (including extensions) of your 1989 income tax return, and 1988 and earlier tax year excess contributions withdrawn in 1990 . . . . .	4b	
c	Add lines 3 through 4b. . . . .	4c	
5	Adjusted earlier year excess contributions (Subtract line 4c from line 2. Enter the result, but not less than zero.) . . . . .	5	
6	Total excess contributions (add lines 1 and 5) . . . . .	6	
7	Tax (Enter 6% of line 6 or 6% of the value of your IRA on the last day of 1990, whichever is smaller). Enter here and on Form 1040, line 52. . . . .	7	

## Part II Tax on Early Distributions (Section 72)

Complete this part if taxable distribution was made from your qualified retirement plans (including IRAs), modified endowment contracts, or annuity contracts before you reached age 59 1/2. Note: You must enter amount of distribution on the appropriate line (or lines) of Form 1040 or Form 4972.

8	Early distributions included in gross income attributable to:		
a	Qualified retirement plans (including IRAs) . . . . .	8a	425
b	Annuity contracts . . . . .	8b	
c	Modified endowment contracts . . . . .	8c	
d	Prohibited transactions . . . . .	8d	
e	Pledging of accounts as security . . . . .	8e	
f	Cost of collectibles . . . . .	8f	
g	Total distributions (add lines 8a through 8f) . . . . .	8g	425
Note: Include this amount on line 18b or 17b of Form 1040.			
9	Exceptions to distributions subject to additional taxes (see instructions):		
a	Due to death (does not apply to modified endowment contracts) . . . . .	9a	
b	Due to total and permanent disability . . . . .	9b	
c	As part of a series of substantially equal lifetime periodic payments. . . . .	9c	
Lines 9d through 9f DO NOT apply to distributions from IRAs, annuities, or modified endowment contracts.			
d	Due to separation from service in or after the year of reaching age 55 . . . . .	9d	
e	Distributions to the extent of deductible medical expenses . . . . .	9e	
f	Made to an alternate payee under a qualified domestic relations order . . . . .	9f	
g	Other (specify) . . . . .	9g	
h	Total amount excluded from additional tax (add lines 9a through 9g) . . . . .	9h	
10	Amount subject to additional tax (subtract line 9h from 8g) . . . . .	10	425
11	Total section 72 tax (multiply line 10 by 10% (.10)). Enter here and on Form 1040, line 52. . . . .	11	43

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form **6251**

**Alternative Minimum Tax - Individuals**

**1990**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1040NR. Estates and trusts, use Form 8656.

Attachment  
Sequence No. **32**

Name(s) shown on Form 1040

Your social security number

**TIMOTHY R. AND SANDRA E. ENGLER**

1	Taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see Instructions.)	1	48,076
2	Net operating loss deduction, if any, from Form 1040, line 22. (Enter as a positive amount).	2	
3	Combine lines 1 and 2	3	48,076
4	Adjustments: (See Instructions before completing.)		
a	Standard deduction, if any, from Form 1040, line 34	4a	0
b	Personal exemption amount from Form 1040, line 36	4b	8,200
c	Medical and dental expense	4c	
d	Miscellaneous itemized deductions from Schedule A (Form 1040), line 25	4d	
e	Taxes from Schedule A (Form 1040), line 8	4e	3,379
f	Refund of taxes	4f	( 51 )
g	Personal interest from Schedule A (Form 1040), line 12b	4g	314
h	Other interest adjustments	4h	
i	Reserved	4i	
j	Depreciation of tangible property placed in service after 1986	4j	2,386
k	Circulation and research and experimental expenditures paid or incurred after 1986	4k	
l	Mining exploration and development costs paid or incurred after 1986	4l	
m	Long-term contracts entered into after 2/28/86	4m	
n	Pollution control facilities placed in service after 1986	4n	
o	Installment sales of certain property	4o	
p	Adjusted gain or loss	4p	
q	Certain loss limitations	4q	
r	Tax shelter farm loss	4r	
s	Passive activity loss	4s	
t	Beneficiaries of estates and trusts	4t	
u	Combine lines 4a through 4t	4u	14,228
5	Tax preference items: (See Instructions before completing.)		
a	Appreciated property charitable deduction	5a	
b	Tax-exempt interest from private activity bonds issued after 8/7/86	5b	
c	Depletion	5c	
d	Accelerated depreciation of real property placed in service before 1987	5d	
e	Accelerated depreciation of leased personal property placed in service before 1987	5e	
f	Amortization of certified pollution control facilities placed in service before 1987	5f	
g	Intangible drilling costs	5g	
h	Add lines 5a through 5g	5h	
6	Combine lines 3, 4u, and 5h	6	62,304
7	Alternative tax net operating loss deduction (Do not enter more than 90% of line 6.) See instructions	7	
8	Alternative minimum taxable income Subtract line 7 from line 6. If married filing a separate return, see Instructions	8	62,304
9	Enter: \$40,000 (\$20,000 if married filing separately; \$30,000 if single or head of household)	9	40,000
10	Enter: \$150,000 (\$75,000 if married filing separately; \$112,500 if single or head of household)	10	150,000
11	Subtract line 10 from line 8. If zero or less, enter -0- here and on line 12 and go to line 13.	11	0
12	Multiply line 11 by 25% (.25)	12	
13	Subtract line 12 from line 9. If zero or less, enter -0-. If completing this form for a child under age 14, see Instructions for the amount to enter	13	40,000
14	Subtract line 13 from line 8. If zero or less, enter -0- here and on line 19 and skip lines 15 thru 18.	14	22,304
15	Multiply line 14 by 21% (.21)	15	4,684
16	Alternative minimum tax foreign tax credit. See Instructions	16	
17	Tentative minimum tax. Subtract line 16 from line 15	17	4,684
18	Enter your tax from Form 1040, line 38, minus any foreign tax credit on Form 1040, line 43. If an amount is entered on line 39 of Form 1040, see Instructions	18	9,243
19	Alternative minimum tax. Subtract line 18 from line 17. If zero or less, enter -0-. Enter this amount on Form 1040, line 49. If completing this form for a child under age 14, see Instructions for amount to enter	19	0

## Nondeductible IRA Contributions, IRA Basis, and Nontaxable IRA Distributions

Department of the Treasury  
Internal Revenue Service

▶ Please see Recordkeeping Requirements on the back.  
▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

Name (if married, file a separate Form 8606 for each spouse. See instructions.)

Your social security number

**TIMOTHY R. ENGLER**

**Fill in Your Address Only  
If You Are Filing This  
Form by Itself and Not  
with Your Tax Return**

Home address (number and street or P.O. Box if mail is not delivered to street address)

Apt. no.

City, town or post office, state, and ZIP code

1 Enter the total value of ALL your IRAs as of 12/31/90. (See instructions.) . . . . .	1	5,822			
2 Enter your IRA contributions for 1990 that you choose to be nondeductible. Include those made during 1/1/91 - 4/15/91 that were for 1990. (See instructions.) . . . . .	2			720	
3 Enter your total IRA basis for 1989 and prior years. (See instructions.) . . . . .	3				
4 Add lines 2 and 3 and enter the total. If you did not receive any IRA distributions (withdrawals) in 1990, skip lines 5 through 13 and enter this amount on line 14 . . . . .	4			720	
5 Enter only those contributions included on line 2 that were made during 1/1/91-4/15/91. (This amount will be the same as line 2 if all of your nondeductible contributions for 1990 were made in 1991 by 4/15/91.) (See instructions) . . . . .	5				
6 Subtract line 5 from line 4 and enter the result . . . . .	6				
7 Enter the amount from line 1 plus any outstanding rollovers. (See instructions.) . . . . .	7				
8 Enter total IRA distributions received during 1990. Do not include amounts rolled over before 1/1/91. (See instructions.) . . . . .	8				
9 Add lines 7 and 8 and enter the total . . . . .	9				
10 Divide line 8 by line 9 and enter the result as a decimal (to at least two places) . . . . .	10				
11 Multiply line 8 by the decimal amount on line 10 and enter the result. This is the amount of your nontaxable distributions for 1990. (See instructions.) . . . . . ▶	11				
12 Subtract line 11 from line 6 and enter the result. This is the basis in your IRA(s) as of 12/31/90 . . . . .	12				
13 Enter the amount, if any, from line 5 . . . . .	13				
14 Add lines 12 and 13. This is the amount of your total IRA basis for 1990 and prior years . . . . . ▶	14			720	

**Sign Here Only If  
You Are Filing This  
Form by Itself and  
Not with Your Tax  
Return**

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

WAGES SELF - EMPLOYER	FEDERAL W/H	WAGES	FICA	STATE W/H	LOCAL W/H
ROY S. CARSON ENTERPRISES	3,168	24,900	1,836	504	240
TOTALS	3,168	24,900	1,836	504	240

WAGES SPOUSE - EMPLOYER	FEDERAL W/H	WAGES	FICA	STATE W/H	LOCAL W/H
INTEGRA FINL CORP	8,148	39,901	3,098	906	431
TOTALS	8,148	39,901	3,098	906	431

PENSIONS SPOUSE - PAYOR	TOTAL RECEIVED	TAXABLE AMOUNT	FEDERAL W/H	STATE W/H
INTEGRA FINL CORP	426	426	43	
TOTALS	426	426	43	

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STATEMENT 1  
LINE 27a - OTHER EXPENSES

COMMISSIONS	3,474
FUEL	6,035
LICENSE	28
PARTS	2,230
TOLLS	47
	-----
TOTAL	11,814

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# COMMONWEALTH OF PENNSYLVANIA Individual Income Tax Return

For the taxable year January 1, 1990 - December 31, 1990

Fiscal Year Filer  Request For Extension Attached

Beginning 1990, Ending 199 1990

PA  
40

1990

OFFICIAL USE

YOUR SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER (Even if filing separate return)		FILING STATUS (Check One)		Occupation: Your	
Last Name		First Name and initial (if joint, enter both names)		S <input type="checkbox"/> Single J <input checked="" type="checkbox"/> Married, Filing Joint Return M <input type="checkbox"/> Married, Filing Separate Return		SELF EMPLOYED	
Home Address		Name of Spouse		T <input type="checkbox"/> Joint Claim for Tax Forgiveness F <input type="checkbox"/> Deceased, Final Return		Spouse's MANAGER	
R.D. 3, BOX 412 D		Date of Death		RESIDENCY STATUS: (Check One)			
City or Post Office		State		R <input checked="" type="checkbox"/> Resident		P <input type="checkbox"/> Part-year Resident - From _____ To _____	
FRANKLIN, PA 16323		Zip Code		N <input type="checkbox"/> Nonresident (Name of State)			
<input type="checkbox"/> Check here if this is a change of address from last year's return.		DAY TIME TELEPHONE NUMBER		NAME/ADDRESS LABEL OPTION Check here if you paid a preparer and you only want to receive a name/address label next year.			
School District Name (as of December 31, 1990)		SCHOOL CODE (pages 7 & 8)		OFFICIAL USE ONLY			
VALLEY GROVE		61860					

MONEY TO CHECK HERE	1a. GROSS COMPENSATION (Wages, salaries, tips, etc.)	1a.	68,047	THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 1991.	
	1b. EMPLOYEE BUSINESS EXPENSES FROM SCHEDULE UE	1b.			
	1c. TAXABLE COMPENSATION (Line 1a less Line 1b) ATTACH COPY OF W-2s TO BACK OF FORM	1c.	68,047		
	2. INTEREST (Complete Schedule A if over \$400)	2.	77		
	3. DIVIDENDS (Complete Schedule B if over \$400)	3.	36		
	4. NET PROFITS FROM BUSINESS, PROFESSION OR FARM (Complete Schedule C and/or Schedule F, attach all K-1s)	4.	79		
	5a. SALE OR EXCHANGE OF PROPERTY (Complete PA Schedule D)	5a.			
	5b. AMOUNT OF ALLOWABLE EXCLUSION FROM ATTACHED SCHEDULE PA-19 (Part II, Line 20)	5b.			DON'T ADD OR DEDUCT LINE 5b.
	6. NET INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS (Complete PA Schedule E)	6.	LOSS		
	7. ESTATE OR TRUST INCOME (Complete PA Schedule J)	7.			
8. GAMBLING AND LOTTERY WINNINGS	8.				
9. PENNSYLVANIA TAXABLE INCOME (Add lines 1c, 2, 3, 4, 5a, 6, 7, 8. Do not deduct losses)	9.	68,239			
10. TAX LIABILITY - 2.1% OF LINE 9 (Multiply Line 9 by .021)	10.	1,433			
11. TOTAL PA INCOME TAXES WITHHELD (From attached W-2s)	11.	1,410			
12. PA ESTIMATED TAX PAYMENTS (Include extension payments and allowed credit from 1989)	12.				
13. TAXES PAID BY PA RESIDENTS TO OTHER STATES (Complete PA Sch. G & attach other state's return)	13.				
14a. TAX FORGIVENESS CLAIMED ON PA SCHEDULE SP (Complete PA Schedule SP)	14.				
14b. NUMBER OF DEPENDENTS CLAIMED ON PA SCHEDULE SP	14b.				
14c. TOTAL INCOME REPORTED ON LINE 8 OF PA SCHEDULE SP	14c.				
15. EMPLOYMENT INCENTIVE PAYMENT CREDIT (Complete PA Schedule W)	15.				
16. TOTAL PAYMENTS AND CREDITS (Add lines 11, 12, 13, 14a, 15)	16.	1,410			
17. TAX DUE (Subtract Line 16 from Line 10) Make check payable to PA Department of Revenue	17.	23			
18. OVERPAYMENT (Subtract Line 10 from Line 16)	18.				
19a. OVERPAYMENT TO BE REFUNDED (Allow six weeks for refund check)	19a.				
19b. OVERPAYMENT TO BE CREDITED ON 1991 ESTIMATED TAX	19b.				
19c. OVERPAYMENT TO BE DONATED TO WILD RESOURCE CONSERVATION FUND	19c.				
19d. OVERPAYMENT TO BE DONATED TO U.S. OLYMPIC COMMITTEE, PA DIVISION	19d.				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Sign here	Your signature	Date	Preparer's Telephone Number
	X		814-437-9568
	Spouse's signature (if joint, BOTH must sign even if one had income)	Signature of preparer, other than taxpayer, based on all information of which he has any knowledge.	Date
	X	X	

STATE COPY  
Schedule C  
(Form 1040)

Profit or Loss From Business  
(Sole Proprietorship)

OMB No. 1545-0074

1990

Attachment  
Sequence No. 09

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or Form 1041.

▶ See instructions for Schedule C (Form 1040).

Name of proprietor: **TIMOTHY R. ENGLER** Social security number (SSN):

**A** Principal business or profession, including product or service (see instructions): **TRUCKING** **B** Enter principal business code (from page 2) ▶ **6338**

**C** Business name and address (include suite or room no.): ▶ **TIMOTHY R. ENGLER**  
**R.D. 3, BOX 412 D FRANKLIN, PA 16323** **D** Employer ID number (Not SSN):

**E** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**F** Method(s) used to value closing inventory: (1)  Cost (2)  Lower of cost or market (3)  Other (attach explanation) (4)  Does not apply (if checked, go to line H)

**G** Was there change in determining quantities, costs, or valuations between opening & closing inventory? (If "Yes," att. explanation) . . . . .

**H** Are you deducting expenses for business use of your home? (If "Yes," see instructions for limitations.) . . . . .

**I** Did you "materially participate" in the operation of this business during 1990? (If "No," see instructions for limitations on losses.) . . . . .

**J** If this is the first Schedule C filed for this business, check here . . . . .

**Part I** Income

1	Gross receipts or sales. <b>Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see the instructions and check here. . . . .	<input type="checkbox"/>	1	21,659
2	Returns and allowances . . . . .		2	
3	Subtract line 2 from line 1. Enter the result here . . . . .		3	21,659
4	Cost of goods sold (from line 38 on page 2) . . . . .		4	
5	Subtract line 4 from line 3 and enter the gross profit here . . . . .		5	21,659
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see instructions). . . . .		6	
7	Add lines 5 and 6. This is your gross income . . . . .		7	21,659

**Part II** Expenses

8	Advertising . . . . .	8	760	21	Repairs and maintenance . . . . .	21	346
9	Bad debts from sales or services (see instructions). . . . .	9		22	Supplies (not included in Part III) . . . . .	22	10
10	Car and truck expenses (attach Form 4562). . . . .	10	2,338	23	Taxes and licenses . . . . .	23	
11	Commissions and fees . . . . .	11		24	Travel, meals, and entertainment:		
12	Depletion . . . . .	12		a	Travel . . . . .	24a	182
13	Depreciation and section 179 expense deduction (not included in Part III) (see Instr.) . . . . .	13	3,354	b	Meals and entertainment . . . . .	99	
14	Employee benefit programs (other than on line 19). . . . .	14		c	Enter 20% of line 24b subject to limitations (see instructions). . . . .		
15	Insurance (other than health) . . . . .	15	520	d	Subtract line 24c from 24b . . . . .	24d	99
16	Interest:			25	Utilities . . . . .	25	409
a	Mortgage (paid to banks, etc.) . . . . .	16a		26	Wages (less jobs credit) . . . . .	26	
b	Other . . . . .	16b	1,617	27 a	Other expenses (list type and amount):		
17	Legal & professional services . . . . .	17			SEE STATEMENT 1 . . . . .	11,814	
18	Office expense . . . . .	18	32				
19	Pension & profit-sharing plans . . . . .	19					
20	Rent or lease (see Instr.):			27 b	Total other expenses . . . . .	27b	11,814
a	Vehicles, machinery and equip. . . . .	20a	99	28	Add amounts in columns for lines 8 through 27b. These are your total expenses . . . . .	28	21,580
b	Other business property . . . . .	20b		29	Net profit or (loss). Subtract line 28 from line 7. If a profit, enter here and on Form 1040, line 12. Also enter the net profit on Schedule SE, line 2 (statutory employees, see instructions). If a loss, you MUST go on to line 30 (fiduciaries, see instructions). . . . .	29	PA TOTAL 79

**30** If you have loss, you MUST check the box that describes your investment in this activity (see Instr.) . . . . . } **30a**  All investment is at risk.  
If you checked 30a, enter the loss on Form 1040, line 12, and Schedule SE, line 2 (statutory employees, see instructions). If you checked 30b, you MUST attach Form 6198. } **30b**  Some investment is not at risk.

**COMMONWEALTH OF PENNSYLVANIA**

Rent, Royalty, Patent and Copyright Income  
 Attach to form PA-40. Print or type all information.

**1990**  
**SCHEDULE E**  
 PA DEPARTMENT OF REVENUE

Name as shown on form PA-40

Social Security Number

**TIMOTHY R. AND SANDRA E. ENGLER**

RENT ROYALTY, PATENT AND COPYRIGHT INCOME (If you received rents from the operation of a farm but you did not materially participate in its operation, report rent in column (b). Note: If in crop shares, report in years reduced to money or its equivalent).

(a) Kind and location of property if residential, also write R	(b) Total amount of rents	(c) Total amount of royalties	(d) Depreciation (explain below) or depletion (attach computation)	(e) Other expenses (Repairs, etc. explain below)
SEE FEDERAL SCHED E				
1. Totals (b), (c), (d) & (e).....	1,400		337	1,510
2. Net income (or loss). Line 1 columns (b) and (c) less columns (d) and (e). Enter subtotal here.....				-447
3. Share of income (or loss) from partnerships.....				
4. Share of income (or loss) from PA S corporations.....				
5. Enter total here.....				-447

If a net income is shown, enter on line 8 of form PA-40. If a net (loss) is shown, enter the word "loss" on line 8 of form PA-40.

**SCHEDULE FOR DEPRECIATION CLAIMED IN (d) ABOVE.**

(a) Group and guideline class or description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowable in prior years	(e) Method of comp. depreciation	(f) Life or rate	(g) Depreciation for this year
Total additional first year depreciation (do not include in items below) →						
Totals.....						

**Explanation of other expenses (column e)**

Item	Amount	Item	Amount

**Income from Estates or Trusts**

Attach to form PA-40. Print or type all information.

**SCHEDULE J**

PA DEPARTMENT OF REVENUE

(a) Name and address of Estate or Trust	(b) Federal Employer Identification Number	(c) Income
Share from partnerships.....		
Share from PA S corporations.....		
Total Income - Enter total of column (c) here and on line 7, PA-40.....		

NON-TAXABLE INCOME:

INDIVIDUAL OR JOINT INCOME TAX RETURN

- Unemployment Compensation
- Pensions
- Public Assistance
- Sick Pay
- Sub Pay
- Interest

Valley Grove Schools & Area Municipalities

For the Calendar Year 1990

This Return must be filed on or before April 15, 1991 with Receiver of Taxes, Sugarcreek Municipal Building, 212 Fox Street, Franklin, PA 16323-2851.

(PLEASE PRINT OR TYPE)

TAXING DISTRICT: (Check One (1))

- Sugarcreek Borough
- Cooperstown Borough
- Jackson Township

& Valley Grove Schools

Social Security No.: \_\_\_\_\_ Spouse's Social Security No.: \_\_\_\_\_

Name: Timothy R & Sandra E Engles

Address: RD 5 Box 614

City: Franklin State: PA Zip: 16323

Occupation: Self employed Spouse's Occupation: Manager

IF YOU CHANGED RESIDENCE DURING CALENDAR YEAR, STATE DATE OF CHANGE AND PRIOR ADDRESS

1. EMPLOYMENT INCOME: Enter all your (and spouse's if joint return) wages, salaries, bonuses, commissions and other compensations received in calendar or fiscal year (before payroll deductions):

Employer's Name	Address	Total Compensation	Local Income Tax Withheld
Roy E Carson Enterprises	Franklin, Pa	\$ 24900	\$ 240
Integra Financial Corp	Pittsburgh, Pa	43147	431

1a. TOTAL LOCAL INCOME TAX WITHHELD ..... \$ 671

2. SELF-EMPLOYMENT INCOME: Enter here your net profits for the year as shown and reported on your Federal Tax Return (Schedule C or F of Form 1040 or K of Form 1065 or Schedule C on Reverse side of this Form) ..... 79

THIS COPY TO BE RETAINED BY CLIENT

3. ADDITIONAL EARNED INCOME (Capital gains, etc.) ..... \$ 68126

4. TOTAL TAXABLE INCOME (Sum of Lines 1, 2, & 3) ..... \$ 681

5. TAX LIABILITY: (Multiply Total Taxable Income shown on Line 4 by .01 (1%)) ..... \$ 671

6. TAX LIABILITY CREDITS:

- a. Tax withheld at Source (Line 1a) ..... \$ 671
- b. Payments made on Estimated Tax ..... \$
- c. Tax credit from previous year(s) (if any) ..... \$
- d. TOTAL CREDITS (Sum of a,b, & c) ..... \$ 671

7. BALANCE TAX DUE RECEIVER OF TAXES (Line 5 less line 6d) ..... \$ 10

No tax due under \$1.00. No refund paid under \$1.00. Refunds will be paid in August.

7a. OVERPAYMENT (If Line 6d is greater than Line 5, enter difference) ..... \$

8. PENALTY: (One-half of 1% of the unpaid tax per month or fraction of month for the first six months of non-payment) ..... \$

9. INTEREST: (Computed at the rate of 6% per annum on the unpaid balance) ..... \$

10. TOTAL TAX, PENALTY & INTEREST (Sum of lines 7, 8, & 9) ..... \$ 10

A copy of the Federal or Local withholding statement from each employer must accompany this Return.  
 Copies of pertinent Federal tax schedules must be provided as documentation for all claims and/or allowances.  
 Tax liability is to be computed upon the basis of full earnings from any type of employment. No deductions may be claimed for any losses incurred by reason of supplementary and/or outside activities.  
 Every resident must file whose source of income is wholly or partially derived from salaries and/or wages or who receives any income from a business or profession, even though the entire tax was withheld by employer(s) and no tax is due.  
 If no income for year, please state so and reason, sign and return by April 15, 1991.

I declare, under penalties provided by law, that this Return has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete Return. My/Our only income, taxable under the wage law, is listed above.

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Signature of person preparing Return if other than Taxpayer \_\_\_\_\_ Date \_\_\_\_\_



**McMahon, O'Polka  
Guelcher & Associates, Inc.**

Certified Public Accountants  
ERIE • MEADVILLE • FRANKLIN

ENGLES TRUCKING

FINANCIAL STATEMENTS AND ACCOUNTANTS' COMPILATION REPORT  
FOR THE PERIOD FROM INCEPTION TO MARCH 31, 1991

PROJECTED FINANCIAL STATEMENTS  
FOR THE SIX-MONTH PERIOD ENDING SEPTEMBER 30, 1991

Mr. Tim Engles  
Engles Trucking

We have compiled the accompanying statement of assets and liabilities - cash basis of Engles Trucking (a proprietorship) as of March 31, 1991, and the related statements of revenues, expenses and proprietor's capital - cash basis and cash flows for the period from inception (January 26, 1991) through March 31, 1991 in accordance with standards established by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of the owner. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

The owner has elected to omit substantially all of the disclosures required by generally accepted accounting principles. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Proprietorship's financial position, results of operations, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The accompanying financial statements have been prepared solely from the accounts of Engles Trucking, and they do not include the personal accounts of the owner or those of any other operation in which he is engaged.

We have compiled the accompanying projected statement of assets, liabilities - cash basis of Engles Trucking as of September 30, 1991, and the related statements of revenues, expenses and proprietor's capital - cash basis and cash flows for the six-month period then ending, in accordance with standards established by the American Institute of Certified Public Accountants.



**McMahon, O'Polka  
Guelcher & Associates, Inc.**

Certified Public Accountants  
ERIE • MEADVILLE • FRANKLIN

1328 Elk Street  
Franklin, Pennsylvania 16323  
814/437-9568

The accompanying projections and this report were prepared for the purpose of negotiating loans for future asset acquisitions, and for PUC licensing purposes of Engles Trucking and should not be used for any other purpose.

A compilation is limited to presenting in the form of a projection information that is the representation of the owner and does not include evaluation of the support for the assumptions underlying the projection. We have not examined the projections and, accordingly, do not express an opinion or any other form of assurance on the accompanying statements or assumptions. Furthermore, even if the loans and PUC licensing are granted, there will usually be differences between the projected and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material. We have no responsibility to update this report for events and circumstances occurring after the date of this report.

*McMahon, O'Lock, Quelchen & Assoc., Inc.*

May 1, 1991  
Franklin, Pennsylvania

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## ENGLES TRUCKING

### SIGNIFICANT ASSUMPTIONS UNDERLYING PROJECTIONS

These financial projections present, to the best of management's knowledge and belief, the Company's expected financial position, results of operations, and cash flows for the projected period. Accordingly, the projections reflect management's judgment as of May 1, 1991, the date of these projections, of the expected course of action. The assumptions disclosed herein are those that management believes are significant to the projections. There will usually be differences between the projected and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material.

#### BACKGROUND

Engles Trucking is a proprietorship owned and operated by Tim Engles. The Company provides trucking services for both large and small jobs. Their services are for hire by individuals and businesses both within and outside Pennsylvania as ICC and PUC rights are held. The Company earns its fees working as a dispatcher for others who own the trucks. Currently, most of the Company's services are performed in North-western Pennsylvania; however, the Company is in the process of expanding its geographical location.

#### BALANCE SHEET PRESENTATION

Asset and liability accounts were estimated by projecting six-month balances in those accounts. Projected balances are based on the following assumptions:

The Company's policy is to prepare financial statements on the basis of cash receipts and disbursements; consequently, certain revenue and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligation is incurred.

Cash projections are based upon the results of the cash flow analyses.

Property and equipment and accumulated depreciation are projected based upon the cost of property and equipment and estimated annual depreciation. No additional capital purchases are projected through the projection period.

Withholdings include those payroll related items which are incurred in one period and paid for in a subsequent period.

Long-term debt has been projected on the basis of the schedule of debt retirement. Following are the projected balances as of September 30, 1991:

	<u>Current Portion</u>	<u>Long-Term Portion</u>	<u>Total</u>
Equipment loans	\$3,116	\$ 9,504	\$12,620
Working capital note	<u>1,246</u>	<u>2,108</u>	<u>3,354</u>
	\$4,362	\$11,612	\$15,974
	=====	=====	=====

#### SALES

Sales are projected based on management's analysis of the current and anticipated demand for the services of the Company.

#### COST OF SALES AND OPERATING EXPENSES

Both cost of sales and operating expenses are projected based on historical operating data and management's analysis of current and future needs.

#### DEPRECIATION

Depreciation for these projections is based on the use of accelerated methods of depreciation. The Company has elected to use its tax method of depreciation for financial statement purposes.

#### TAXES

No income taxes are projected since all tax attributes are reflected on the individual return of the proprietor.

ENGLES TRUCKING

STATEMENT OF ASSETS AND LIABILITIES - CASH BASIS  
 March 31, 1991

STATEMENT OF PROJECTED ASSETS AND LIABILITIES - CASH BASIS  
 September 30, 1991

	<u>March 31</u>	<u>Sept. 30</u>
ASSETS		
Current assets		
Cash	\$ 4,503	\$ 8,587
	<u>4,503</u>	<u>8,587</u>
Plant, property and equipment	15,295	15,295
Less: Accumulated depreciation	<u>1,407</u>	<u>4,221</u>
	<u>13,888</u>	<u>11,074</u>
	\$18,391	\$19,661
	=====	=====
LIABILITIES AND PROPRIETOR'S CAPITAL		
Current liabilities		
Payroll withholdings	\$ 313	\$ 939
Current portion of long-term debt	<u>3,813</u>	<u>4,362</u>
	4,126	5,301
Long-Term Debt	14,126	11,612
Proprietor's capital	<u>139</u>	<u>2,748</u>
	\$18,391	\$19,661
	=====	=====

See Accompanying Summary of Significant Assumptions and  
 Accounting Policies and Accountants' Report

ENGLES TRUCKING

STATEMENT OF REVENUES, EXPENSES AND PROPRIETOR'S CAPITAL - CASH BASIS

For the period from inception to March 31, 1991

STATEMENT OF PROJECTED REVENUES, EXPENSES AND  
PROPRIETOR'S CAPITAL - CASH BASIS

For the six-month period ending September 30, 1991

	Jan. 26 March 31	April 1 Sept. 30	Total (Memo Only)
Sales	\$16,300	\$46,608	\$62,908
Cost of sales-			
Contract labor	3,709	10,605	14,314
Fuel expenses	433	1,238	1,671
Repairs	262	749	1,011
Tolls and travel expenses	424	1,212	1,636
Depreciation	1,407	2,814	4,221
	<u>6,235</u>	<u>16,618</u>	<u>22,853</u>
Gross profit	<u>10,065</u>	<u>29,990</u>	<u>40,055</u>
Operating expenses			
Wages	1,800	7,800	9,600
Payroll taxes	-	678	678
Rental fees	600	1,800	2,400
Office expenses	1,949	1,500	3,449
Insurance	-	394	394
Telephone	779	2,227	3,006
Advertising	980	600	1,580
Miscellaneous	183	340	523
Total operating costs	<u>6,291</u>	<u>15,339</u>	<u>21,630</u>
Operating income	<u>3,774</u>	<u>14,651</u>	<u>18,425</u>
Other income (expense)			
Miscellaneous	520	1,488	2,008
Interest expense	( <u>399</u> )	( <u>1,180</u> )	( <u>1,579</u> )
	<u>121</u>	<u>308</u>	<u>429</u>
Net income	3,895	14,959	18,854
Proprietor's capital - beginning of period	-	139	-
Withdrawals	<u>3,756</u>	<u>12,350</u>	<u>16,106</u>
Proprietor's capital - end of period	\$ 139 =====	\$ 2,748 =====	\$ 2,748 =====

See Accompanying Summary of Significant Assumptions and  
Accounting Policies and Accountants' Report

ENGLES TRUCKING

STATEMENT OF CASH FLOWS  
For the period from inception to March 31, 1991

STATEMENT OF PROJECTED CASH FLOWS  
For the six-month period ending September 30, 1991

	Jan. 26 March 31	April 1 Sept. 30	Total (Memo Only)
<u>Cash Flows from Operating Activities:</u>			
Net income	\$3,895	\$14,959	\$18,854
Adjustments:			
Depreciation and amortization	1,407	2,814	4,221
Changes in Assets and Liabilities:			
Increase in payroll withholdings	<u>313</u>	<u>626</u>	<u>939</u>
Net Cash Provided by Operating Activities	<u>5,615</u>	<u>18,399</u>	<u>24,014</u>
<u>Cash Flows from Investing Activities:</u>			
Purchase of equipment	( <u>1,877</u> )	<u>-</u>	( <u>1,877</u> )
Net Cash Used in Investing Activities	( <u>1,877</u> )	<u>-</u>	( <u>1,877</u> )
<u>Cash Flows from Financing Activities:</u>			
Proceeds from note payable	4,000	-	4,000
Repayment of debt	( 758 )	( 1,965 )	( 2,723 )
Cash withdrawals by proprietor	( <u>2,477</u> )	( <u>12,350</u> )	( <u>14,827</u> )
Net Cash Provided by (Used in) Financing Activities	<u>765</u>	( <u>14,315</u> )	( <u>13,550</u> )
<u>Net Increase in Cash and Cash Equivalents</u>	4,503	4,084	8,587
<u>Cash and Cash Equivalents - Beginning of Period</u>	<u>-</u>	<u>4,503</u>	<u>-</u>
<u>Cash and Cash Equivalents - End of Period</u>	<u>\$4,503</u> =====	<u>\$ 8,587</u> =====	<u>\$ 8,587</u> =====

See Accompanying Summary of Significant Assumptions and Accounting Policies and Accountants' Report

ENGLES TRUCKING

STATEMENT OF CASH FLOWS (continued)  
For the period from inception to March 31, 1991

STATEMENT OF PROJECTED CASH FLOWS (continued)  
For the six-month period ending September 30, 1991

	<u>March 31</u>	<u>Sept. 30</u>	<u>Total (Memo Only)</u>
<u>Supplemental Disclosures of Cash Flows Information:</u>			
Cash Paid During the Periods Ended For:			
Interest	\$399 =====	\$1,180 =====	\$1,579 =====
Income taxes	\$ - =====	\$ - =====	\$ - =====

Supplemental Schedule of Noncash  
Investing and Financing Activities

	<u>March 30</u>	
	<u>Assets</u>	<u>Liabilities</u>
Transfer of equipment from proprietor to newly-formed business	\$13,418 =====	
Assumption of debt related to equipment transferred		\$14,697 =====

See Accompanying Summary of Significant Assumptions  
and Accounting Policies and Accountants' Report

July 12, 1991

IN REPLY PLEASE  
REFER TO OUR FILE

TIMOTHY R ENGLES, T/D/B/A  
ENGLES FAMILY MOVING  
805 ATLANTIC AVENUE  
PO BOX 123  
FRANKLIN PA 16323

In re: A-00109827 - Application of Timothy R. Engles, t/d/b/a Engles  
Family Moving.

Dear Sir:

Acknowledgement is made of an application filed by you on behalf  
of Timothy R. Engles, t/d/b/a Engles Family Moving for the rights of  
Ronald H. Schick.

The application has been captioned as attached and will be  
submitted for review, provided no protests are filed on or before August 5,  
1991. If protests are filed, you will be advised as to further procedure.

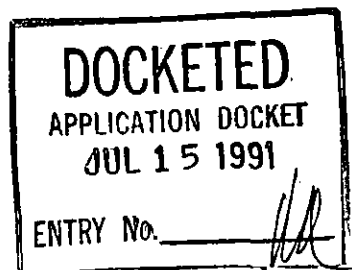
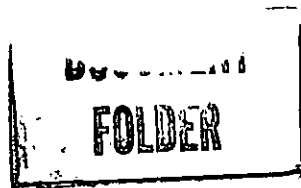
This application is accepted with the understanding that  
Ronald H. Schick will continue to render the service covered by his  
certificate and comply with all the rules of the Commission, including the  
carrying of continuous insurance, until final disposition is made of the  
application by the Commission.

You are further advised that the above application will be  
published in the Pennsylvania Bulletin of July 13, 1991.

Very truly yours,

David Ehrhart  
Supervisor - Application Section  
Bureau of Transportation

DE:RP:kmb



A-00109827 TIMOTHY R. ENGLS, t/d/b/a ENGLS FAMILY MOVING (805 Atlantic Avenue, P.O. Box 123, Franklin, Venango County, PA 16323) - (1) property between points in Venango County; (2) to distribute pool car shipments from the city of Franklin, Venango County, to points within fifty (50) miles, by the usually traveled highways, of the limits of said city; (3) as a Class C carrier, property in emergency shipments from points in Venango County to points within one hundred (100) miles, by the usually traveled highways, of the limits of said county; (4) household goods in use from points in the county of Venango to other points in Pennsylvania and vice versa; and (5) property from station to station for Penn Central Transportation Company, between Oil City, Venango County, and Jamestown, Mercer County; which is to be a transfer of the rights authorized under the certificate issued at A-00100721 to Ronald H. Schick, subject to the same limitations and conditions.

PENNSYLVANIA  
PUBLIC UTILITY COMMISSION

SERVICE OF NOTICE OF MOTOR CARRIER APPLICATIONS

Published in Pennsylvania Bulletin JUL 13 1991

BUREAU OF TRANSPORTATION  
COMMON CARRIER  
JUNE 1991

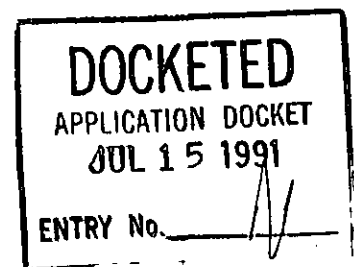
A-00109827

Application of Timothy R. Engles, t/d/b/a Engles Family Moving, for the right to begin to transport, as a common carrier, by motor vehicle, (1) property between points in Venango County, (2) to distribute pool car shipments from the city of Franklin, Venango County, to points within fifty (50) miles, by the usually traveled highways, of the limits of said city; (3) as a Class C carrier, property in emergency shipments from points in Venango County to points within one hundred (100) miles, by the usually traveled highways, of the limits of said county; (4) household goods in use from points in the county of Venango to other points in Pennsylvania and vice versa; and (5) property from station to station for Penn Central Transportation Company, between Oil City, Venango County, and Jamestown, Mercer County; which is to be a transfer of the rights authorized under the certificate issued at A-00100721 to Ronald H. Schick, subject to the same limitations and conditions.

FW:rs  
6/28/91

Application received: 6/20/91  
Application docketed: 6/26/91

NH



Protests due \_\_\_\_\_

AUG - 5 1991