

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

REC'D PA PUC FISCAL  
OCT 12 '18 AM 9:46

**2017 ASSESSMENT REPORT-MOTOR CARRIERS**

This Report **MUST BE FILED** not later than **APRIL 2, 2018**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

A-2012-2326274  
C-2018-2643026

TRADE OR CORPORATE NAME OF UTILITY: S & F TRAVEL INC	UTILITY CODE: 6414579
CONTACT NAME: JIAN YAN LIU	EMAIL:
ADDRESS 1: 30 WYNNWOOD AVE	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: TONAWANDA NY 14150-8426	PHONE NO.:

**OPERATING REVENUE FOR CALENDAR YEAR 2017** (January 1, 2017-December 31, 2017)

(Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
<b>1. PA INTRASTATE OPERATING REVENUE</b>				
<b>PA EXEMPT INTRASTATE REVENUE</b> (Please see attached "Exempt Revenue instructions" for applicable Number)				
A. #				
B. #				
C. #				
D. #				
<b>2. TOTAL Exempt Revenue</b>				
<b>3. PA NET INTRASTATE OPERATING REVENUE</b> (Subtract Line 2 from Line 1)				

RECEIVED  
2018 OCT 11 PM 1:33  
PA PUC  
SECRETARY'S BUREAU

**UCR REGISTRATION INFORMATION**

2018 UCR Registered  YES  NO US DOT #:

RECEIVED  
2018 OCT 17 PM 1:54  
PA PUC  
SECRETARY'S BUREAU

**Internal Use Only**

A-1  C-1

A

**AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS**

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

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

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

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

\_\_\_\_\_  
Title

**AUTHORIZATION FOR ABANDONMENT**

Approval of the abandonment is necessary or proper for the following reasons:

Reason(s) No longer operating at PA.

\_\_\_\_\_  
Signature

**AFFIDAVIT**

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

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

\_\_\_\_\_  
(Date)

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

TELEPHONE NO.:

Office ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

Other ( ) \_\_\_\_\_

**NOTARIZATION**

(Required)

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 2018

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
OFFICIAL TITLE

OFFICIAL SEAL

\_\_\_\_\_  
(Date My Commission Expires)