

RECEIVED

C-2019-30089.04

2019 APR 19 AM 10:23

PA PUC  
SECRETARY'S BUREAU

APPLICATION FOR APPROVAL OF ABANDONMENT OR  
DISCONTINUANCE OF SERVICE, IN WHOLE OR IN PART

BEFORE THE PENNSYLVANIA PUBLIC UTILITY COMMISSION

(See Instructions Before Preparing Application)

In re:

Application Docket  
No. A- 6419883 (C-2019-30089.04)  
Folder No. \_\_\_\_\_

For approval of the abandonment or  
discontinuance of common carrier service.

TO PENNSYLVANIA PUBLIC UTILITY COMMISSION:

1. ALL AMERICAN AMISH VAN & TRANSPORT SVC, LLC  
(Name of applicant, and trade name, as it appears on the Certificate  
of Public Convenience.)

2373 Middlegreen Court  
(Business Street Address)  
Lancaster, PA 17601- Lancaster County  
(City) (State) (Zip) (County) (Telephone) 718-913-9743

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

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

3. Any notice, process or order of the PUC should be served upon:

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

4. This application is for the discontinuance of ALL of the  
service now authorized. (All or Part)

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

- Exhibit A: A statement of the right or rights to be abandoned or discontinued (required for partial abandonments or discontinuances only).
- Exhibit B: A statement of the revenues and expenses associated with the operation of the service to be discontinued or abandoned.
- Exhibit C: For motor carriers of passengers seeking to discontinue service over any scheduled route also encompassed by interstate operating authority, a statement containing:
  - i. Description of interstate authority;
  - ii. Statement of the extent to which interstate and intrastate revenues received for the service sought to be abandoned are less than the variable costs of providing that service, including depreciation for revenue equipment. This statement shall include a designation of those items claimed to be variable costs; and
  - iii. An estimate of the annual subsidy required, if any, to continue the service.

6. Approval of the application is necessary or proper for the following reasons:

Company is dissolved - NOT ABLE TO AFFORD INSURANCE - Profit loss

Wherefore, Applicant requests the Commission to cancel, or amend the certificate of public convenience, as now held, in conformance with the application.

Applicant sign here:

Benny Perry

(Corporate Seal)

N/A

(If a partnership, each partner must sign; if a corporation, at least one officer must sign and affix corporate seal.)

VERIFICATION

Benny Perez hereby states that the statements made in the  
(Name of Person)

foregoing are true and correct to the best of his/her knowledge, information and belief. The undersigned understands that the estimates therein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Benny Perez  
Signature of Person

Date: 04-17-19

1803112315

PA-40 Schedule C - 2018  
(03-18) Profit or Loss From Business or Profession (Sole Proprietorship)

BENNY PEREZ

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

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

ALL AMERICAN AMISH V PEOPLE TRANSPORT

821305624 ALL AMERICAN AMISH VAN AND TRANSPORT SERVICE

Home office expenses deducted N

2373 MIDDLEGREEN CT

485990

Business out of existence N

Any change in determining quantities, costs or valuations N

LANCASTER PA 17601

1a. Gross receipts or sales	1A	19433	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B	0	3. Gross profit	3	19433
1c. Balance	1C	19433	4. Other income (submit statement)	4	0
			5. Total income	5	19433
6. Advertising	6	1459	28. Supplies (not included on Schedule C-1) ..	28	229
7. Amortization	7	0	29. Taxes	29	1079
8. Bad debts from sales or services	8	0	30. Telephone	30	0
9. Bank charges	9	0	31. Travel and entertainment	31	0
10. Car and truck expenses	10	11338	32. Utilities	32	480
11. Commissions	11	0	33. Wages	33	0
12. Cost depletion not % depletion	12	0	34. IDCs (1/3 current expensing)	34	0
			35. IDCs (amortization)	35	0
			36. Start-up costs (direct expense)	36	0
13a. Regular depreciation	13A	7978	37. Other expenses (specify):		
13b. Section 179 expense	13B	0	A	A	0
14. Dues and publications	14	0	B	B	0
15. Other employee benefit programs	15	0	C	C	0
16. Freight (not on Schedule C-1)	16	0	D	D	0
17. Insurance	17	14751	E	E	0
18. Interest on business indebtedness	18	0	F	F	0
			G	G	0
19. Laundry and cleaning	19	0	H	H	0
20. Legal and professional services	20	0	I	I	0
21. Management fees	21	0	J	J	0
22. Office supplies	22	104			
23. Pension and profit-sharing plans	23	0	37. Total other expenses	37	0
24. Postage	24	0	38. Total expenses (add Lines 6 through 37)	38	37496
25. Rent on business property	25	78	39. Net profit or loss	39	-18063
26. Repairs	26	0			
27. Subcontractor fees	27	0			



1803112315

1803112315

PA-40 Schedule C - 2018

Social Security Number

Name of owner

BENNY PEREZ

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

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

**SCHEDULE C-2 - Depreciation (See Instructions)**

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

4. Other depreciation:

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings 4A		0	0			0
Furniture/fixtures 4B		0	0			0
Trans. equipment 4C	05/02/07	24930	4986	GENERAL DE	5	7978
Machinery 4D		0	0			0
Other (specify) 4E		0	0			0
4F		0	0			0
4G		0	0			0
4H		0	0			0
4I		0	0			0
4J		0	0			0
4K		0	0			0
4L		0	0			0
4M		0	0			0
4N		0	0			0
4O		0	0			0
4P		0	0			0

5. Totals	5	24930	7978
6. Depreciation included in Schedule C-1	6		0
7. Balance (subtract Line 6 from Line 5) Enter here and on Part II, Line 13a	7		7978



Ref: A-6419823  
C-209-3008904

**SCHEDULE C**  
**(Form 1040)**

2273  
**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. 09

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor  
**BENNY PEREZ**

Social security number (SSN) \_\_\_\_\_

**A** Principal business or profession, including product or service (see instructions)  
**PEOPLE TRANSPORT**

**B** Enter code from instructions  
▶ **4 | 8 | 5 | 9 | 9 | 0**

**C** Business name. If no separate business name, leave blank.  
**ALL AMERICAN AMISH VAN AND TRANSPORT SERVICE LLC**

**E** Business address (including suite or room no.) ▶ **2373 MIDDLEGREEN CT**  
City, town or post office, state, and ZIP code **LANCASTER, PA 17601**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶ \_\_\_\_\_

**G** Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses  Yes  No

**H** If you started or acquired this business during 2018, check here

**I** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)  Yes  No

**J** If "Yes," did you or will you file required Forms 1099?  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1	19433.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	19433.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	19433.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	19433.

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

8	Advertising	8	1459.	18	Office expense (see instructions)	18	104.
9	Car and truck expenses (see instructions)	9	11338.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Right or lease (see instructions):	20a	78.
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20b	
12	Depreciation	12		b	Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	7978.	21	Repairs and maintenance	22	229.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	1079.
15	Insurance (other than health)	15	14751.	23	Taxes and licenses	24	
16	Interest (see instructions):	16a		24	Travel and meals:	24a	
a	Mortgage (paid to banks, etc.)	16b		a	Travel	24b	
b	Other	17		b	Deductible meals (see instructions)	25	480.
17	Legal and professional services	17		25	Utilities	26	
18		18		26	Wages (less employment credits)	27a	
19		19		27a	Other expenses (from line 48)	27b	
20		20		b	Reserved for future use		

28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	37496.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-18063.

**30** Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).  
Simplified method filers only: enter the total square footage of: (a) your home: 0  
and (b) the part of your home used for business: 0. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	-18063.
----	--	----	---------

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).  
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.  
• If you checked 32b, you must attach Form 6198. Your loss may be limited.

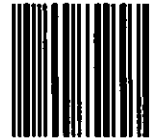
**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.



my Perez  
373 Middlegreen Court  
Lancaster, PA 17601



1000



17105

U.S. POSTAGE PAID  
FCM LG ENV  
LANCASTER, PA  
17601  
APR 18, 19  
AMOUNT

**\$1.30**

R2304N118316-01

Commonwealth of Pennsylvania  
Pennsylvania. Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265