

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

C-2020-3023400

RECEIVED 4/1/2021

2020 ASSESSMENT REPORT-MOTOR CARRIERS CRP

This Report **MUST BE FILED** no later than **March 31, 2021**. Failure to file may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. §3301), revocation of your Certificate of Public Convenience, and PennDOT will place registration suspensions on your vehicles.

TRADE OR CORPORATE NAME OF UTILITY: J&J BROOKENS TRUCKING LLC	UTILITY CODE: 8923206
CONTACT NAME: JAMES BROOKENS	EMAIL:
ADDRESS 1: 512 POPLAR ST 28317 Route 187	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: TOWANDA PA 16840 Wysox PA 18854	PHONE NO.: 570-250-2802

OPERATING REVENUE FOR CALENDAR YEAR 2020 (January 1, 2020-December 31, 2020)
 (Enter WHOLE dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Passenger 15 and Under
1. PA INTRASTATE OPERATING REVENUE				
PA EXEMPT INTRASTATE REVENUE				
Exemption #			RECEIVED JUN 17 2021 PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU	
Exemption #				
Exemption #				
Exemption #				
2. TOTAL Exempt Revenue				
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)				

UCR REGISTRATION INFORMATION

2021 UCR Registered: YES NO US DOT #: _____

Date 2021 UCR fee was paid: _____

Internal Use Only

A-1 C-1 AB-1

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

In accordance with Sections 505 and 506 of the Public Utility Code, 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 regarding 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:

Do to Lack of work & mechanical Brake Downs
Reason(s)

James L. Budenz
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 _____ 2021

NOTARY SIGNATURE

OFFICIAL TITLE

OFFICIAL SEAL

(Date My Commission Expires)