

Docket M-2026-3061024

Date 5/18/2026

Company: J Oliveri Trucking LLC.

RE: Regards to assessment report follow up

DATE OF DEPOSIT

MAY 20 2026

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

This letter is too an updated assessment report after receiving letter in regards to missing supporting documentation. We are a local company driving under 80 miles in any direction. We hall aggregate material which is exempt(exemption (#4). The only thing we hall that is not exempt is salt to state sheds(locally). Any questions please call me. 570-814-3221

I have enclosed supporting documentation.

CEO: James Oliveri

A handwritten signature in black ink, appearing to read "James Oliveri". The signature is written in a cursive style with a large, looping initial "J".



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120

2023 ASSESSMENT REPORT - MOTOR CARRIERS

TRADE OR CORPORATE NAME OF UTILITY (UTILITY CODE):
J OLIVERI TRUCKING LLC (8913858)

CONTACT NAME:
JAMES W OLIVERI

EMAIL:
oliverijames@yahoo.com

ADDRESS:
62 WINTER STREET, PITTSTON TOWNSHIP PA 18640

PHONE:
570-814-3221 (Cell Phone)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER Group and Party 16 or more	All other passenger transportation
PA GROSS INTRASTATE OPERATING REVENUE	\$900,600			
PA EXEMPT INTRASTATE REVENUE				
Waste, Excavated and Road Construction Materials	\$790,738			
TOTAL Exempt Revenue	\$790,738			
PA NET INTRASTATE OPERATING REVENUE	\$109,862			

UNIFIED CARRIER REGISTRATION (UCR) INFORMATION

J OLIVERI TRUCKING LLC is NOT registered with UCR.

NOTARIZATION

When filing your assessment report through the portal, notarization is not required.

AFFIDAVIT

I hereby state that the information reported herein is complete, true and correct, I expect to be able to prove the same as necessary, and I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

I further agree that I have authority to and do consent to the release of all tax records filed or compiled with regard to the listed utility and/or individual to the Public Utility Commission, if requested, as a means to verify the accuracy of the financial information supplied, in accordance with Sections 505 and 506 of the Public Utility Code.

SUBMISSION/AUTHORIZATION

Name James William Oliveri

Email Address oliverijames@yahoo.com

For your records only. Do not mail to the Commission

Phone Number	5708143221
Date of Submission	Monday, May 18, 2026 3:50 PM
Resubmission Reason	SUPPORTING DOCUMENTATION FOR LETTER RECEIVED ABOUT ASSESSMENT
SUPPORTING DOCUMENTATION	
Document Type	Name
Exemption: Waste, Excavated and Road Construction Materials	2026-05-18_131742.pdf
Exemption: Waste, Excavated and Road Construction Materials	2026-05-18_130806.pdf
Exemption: Waste, Excavated and Road Construction Materials	2026-05-18_132711.pdf
Exemption: Waste, Excavated and Road Construction Materials	Receipt_2026-05-18_154436.pdf

COMMONWEALTH OF PENNSYLVANIA
PUBLIC UTILITY COMMISSION
400 NORTH STREET
HARRISBURG, PA 17120

2023 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** no later than **March 31, 2024**. 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 OLIVERI TRUCKING LLC	UTILITY CODE: 8913858
CONTACT NAME: JAMES W OLIVERI	EMAIL:
ADDRESS 1: 62 WINTER STREET	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: PITTSION TOWNSHIP PA 18640	PHONE NO.: 570-654-2612

OPERATING REVENUE FOR CALENDAR YEAR 2023 (January 1, 2023-December 31, 2023)
(Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or More	All Other Passenger Transportation
1. PA INTRASTATE OPERATING REVENUE	\$900600			
PA EXEMPT INTRASTATE REVENUE (verifying documentation required for all exempt revenue)				
Exemption #				
Exemption #				
Exemption #				
Exemption #				
2. TOTAL Exempt Revenue	\$790738			
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$109862			

UCR REGISTRATION INFORMATION

2024 UCR Registered: YES NO US DOT#: _____

Date 2024 Fee was Paid: _____

Internal Use Only

A-1 C-1 AB-1

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EH TRANSPORT INC 205 CREEK ROAD CAMP HILL PA 17011 (717) 257-4255		OMB No. 1545-0116 Form 1099-NEC For calendar year 2023		Nonemployee Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 25-1810826	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 627850.94		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code J. OLIVERI TRUCKING LLC 62 WINTER STREET PITTSTON PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Account number (see instructions) 00068215		3		
		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$
		8 State/Payer's state no.		9 State income \$

Form 1099-NEC (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Evercor Facility Management, Inc. 902 Wyoming Ave Wyoming, PA 18644 570-693-5800		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023		Nonemployee Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 83-2945160	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 3300.00		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code J Oliveri Trucking, LLC 62 Winter Street Pittston Twp PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Account number (see instructions)		3		
		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$
		8 State/Payer's state no.		9 State income \$

Form 1099-NEC (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. N & B ENTERPRISES INC. 484 SHOEMAKER AVE WEST WYOMING PA 18644-1211 (570) 693-0619		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023		Nonemployee Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 23-1877110	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 2196.68		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code J OLIVERI TRUCKING LLC 62 WINTER STREET PITTSTON TOWNSHIP PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
Account number (see instructions)		3		
		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	7 State income \$
		8 State/Payer's state no.		9 State income \$

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CÜZ Excavating LLC 8827 Route 14 CANTON, PA 17724-7574 570-673-4010		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023		Nonemployee Compensation
PAYER'S TIN 45-4007227	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 102925.80		
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code J Oliveri Trucking, LLC 62 Winter Street Pittston Twp. PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions)		3		
		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	
		7 State income \$		
Form 1099-NEC (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service				

FORM # LNECREC

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Belles Property Management LLC 18 Sweet Valley Road Ste.1 Hunlock Creek, PA 18621 (570) 667-2700		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 2023		Nonemployee Compensation
PAYER'S TIN 47-3346178	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 1760.00		
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code J. Oliveri Trucking LLC 62 Winter Street Pittston PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy 2 To be filed with recipient's state income tax return, when required
Account number (see instructions)		3		
		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	
		7 State income \$		
Form 1099-NEC (Rev. 1-2022) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service				

\$115.00 days

AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
STAFURSKY PAVING COMPANY INC
EXPORT LANE
ARCHBALD, PA 18403
(570) 876-2300

AYER'S TIN
23-2206058

RECIPIENT'S TIN
45-2470102

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
J OLIVERI TRUCKING LLC
62 WINTER ST
PITTSBURGH TOWNSHIP, PA 18640-3379

Account number (see instructions)

CORRECTED (if checked)

Nonemployee Compensation

1 Nonemployee compensation
 \$ **9185.00**

OMB No. 1545-0115
2023
Form 1099-NEC

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale

3

4 Federal income tax withheld
 \$

5 State tax withheld
 \$

6 State/Payer's state no.
PA

7 State income
 \$

Copy B For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

(Keep for your records)
Form 1099-NEC

AYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
STAFURSKY PAVING COMPANY INC
3 EXPORT LANE
ARCHBALD, PA 18403
(570) 876-2300

AYER'S TIN
23-2206058

RECIPIENT'S TIN
45-2470102

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
J OLIVERI TRUCKING LLC
62 WINTER ST
PITTSBURGH TOWNSHIP, PA 18640-3379

Account number (see instructions)

CORRECTED (if checked)

Nonemployee Compensation

1 Nonemployee compensation
 \$ **9185.00**

OMB No. 1545-0115
2023
Form 1099-NEC

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale

3

4 Federal income tax withheld
 \$

5 State tax withheld
 \$

6 State/Payer's state no.
PA

7 State income
 \$

Copy 2 To be filed with recipient's state income tax return, when required.

Form 1099-NEC

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report this amount on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in this box is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report this amount on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. H&K Group, Inc. P.O. Box 196 Skippack, PA 19474 6105848500		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 <u>23</u>		Nonemployee Compensation
PAYER'S TIN 231699847	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 63937.50		
RECIPIENT'S name J. Oliveri Trucking Street address (including apt. no.) 62 Winter Street City or town, state or province, country, and ZIP or foreign postal code Pittston, PA 18640 Account number (per instructions)		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		3		
		4 Federal income tax withheld \$.00		
		5 State tax withheld \$.00		
		6 State/Payer's state no. PA/9016-051	7 State income \$.00	

Form 1099-NEC (Rev. 1-2022)

(Keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JOHN P HALLIDAY TRUCKING INC 77 HAZLETON ST ASHLEY PA 18706		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23	Nonemployee Compensation
PAYER'S TIN 56-2661870	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 79580.77	
RECIPIENT'S name and address J OLIVERI TRUCKING LLC 62 WINTER ST PITTSTON PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3	
Account number (see instructions) 1		4 Federal income tax withheld \$	
		5 State tax withheld \$	
		6 State/Payer's state no. \$	
		7 State income \$	

Form 1099-NEC (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service
DXA

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JOHN P HALLIDAY TRUCKING INC 77 HAZLETON ST ASHLEY PA 18706		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2022) For calendar year 20 23	Nonemployee Compensation
PAYER'S TIN 56-2661870	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 79580.77	
RECIPIENT'S name and address J OLIVERI TRUCKING LLC 62 WINTER ST PITTSTON PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3	
Account number (see instructions) 1		4 Federal income tax withheld \$	
		5 State tax withheld \$	
		6 State/Payer's state no. \$	
		7 State income \$	

Form 1099-NEC (Rev. 1-2022) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service
DXA

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

1 Nonemployee compensation		2 Payer made direct sales totaling \$3,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 62919.69			
3 PAYER'S TIN		4 Federal income tax withheld	
47-3425623		\$	
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
JVA ENTERPRISES INC 132 HARDIE ROAD CONKLIN, NY 13748			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-0102			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
J OLIVERI TRUCKING 62 WINTER STREET PITTSBURGH TWP, PA 15240			
5 State tax withheld - line 1	6 State tax withheld - line 2	7 State income - line 1	8 State income - line 2
\$	\$	\$	\$
9 State/Payer's state no. - line 1	10 State/Payer's state no. - line 2	11 State income - line 1	12 State income - line 2
		\$	\$
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2023	
OMB No. 1545-0047		OMB No. 1545-0047	

Instructions for Recipient
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If you believe you are an employee and cannot get the paper to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

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Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1085) if a partnership, and the recipient/preparer completes Schedule SE (Form 1040).

Note: If you are reporting payments on which no income, social security, and Medicare taxes are withheld, you should enter estimated tax payments. See Form 1040-ES (or Form 1040-ES (NFD)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$3,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

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Boxes 5-7. State income tax withholding reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099-NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-file, and direct deposit or payment options.

SALT

J OLIVERI TRUCKING
62 WINTER STREET
PITTSBURGH TWP, PA 15240

COPY B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be assessed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$3,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 62919.69			
3 PAYER'S TIN		4 Federal income tax withheld	
47-3425623		\$	
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
JVA ENTERPRISES INC 132 HARDIE ROAD CONKLIN, NY 13748			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0102			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
J OLIVERI TRUCKING 62 WINTER STREET PITTSBURGH TWP, PA 15240			
5 State tax withheld - line 1	6 State tax withheld - line 2	7 State income - line 1	8 State income - line 2
\$	\$	\$	\$
9 State/Payer's state no. - line 1	10 State/Payer's state no. - line 2	11 State income - line 1	12 State income - line 2
		\$	\$
Nonemployee Compensation		1099-NEC	
Copy 2		2023	
OMB No. 1545-0047		OMB No. 1545-0047	

1 Nonemployee compensation		2 Payer made direct sales totaling \$3,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 62919.69			
3 PAYER'S TIN		4 Federal income tax withheld	
47-3425623		\$	
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
JVA ENTERPRISES INC 132 HARDIE ROAD CONKLIN, NY 13748			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0102			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
J OLIVERI TRUCKING 62 WINTER STREET PITTSBURGH TWP, PA 15240			
5 State tax withheld - line 1	6 State tax withheld - line 2	7 State income - line 1	8 State income - line 2
\$	\$	\$	\$
9 State/Payer's state no. - line 1	10 State/Payer's state no. - line 2	11 State income - line 1	12 State income - line 2
		\$	\$
Nonemployee Compensation		1099-NEC	
Copy 2		2023	
OMB No. 1545-0047		OMB No. 1545-0047	

1 Nonemployee compensation		2 Payer made direct sales totaling \$3,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 62919.69			
3 PAYER'S TIN		4 Federal income tax withheld	
47-3425623		\$	
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
JVA ENTERPRISES INC 132 HARDIE ROAD CONKLIN, NY 13748			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0102			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
J OLIVERI TRUCKING 62 WINTER STREET PITTSBURGH TWP, PA 15240			
5 State tax withheld - line 1	6 State tax withheld - line 2	7 State income - line 1	8 State income - line 2
\$	\$	\$	\$
9 State/Payer's state no. - line 1	10 State/Payer's state no. - line 2	11 State income - line 1	12 State income - line 2
		\$	\$
Nonemployee Compensation		1099-NEC	
Copy 2		2023	
OMB No. 1545-0047		OMB No. 1545-0047	



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120

2024 ASSESSMENT REPORT - MOTOR CARRIERS

TRADE OR CORPORATE NAME OF UTILITY (UTILITY CODE):
J OLIVERI TRUCKING LLC (8913858)

CONTACT NAME:
JAMES W OLIVERI

EMAIL:
oliverijames@yahoo.com

ADDRESS:
62 WINTER STREET, PITTSTON TOWNSHIP PA 18640

PHONE:
5708143221 (Cell Phone)

	PROPERTY	HOUSEHOLD GOODS	Group and Party 16 or more	PASSENGER All other passenger transportation
PA GROSS INTRASTATE OPERATING REVENUE	\$1,147,316			
PA EXEMPT INTRASTATE REVENUE				
Waste, Excavated and Road Construction Materials	\$1,062,374			
TOTAL Exempt Revenue	\$1,062,374			
PA NET INTRASTATE OPERATING REVENUE	\$84,942			

UNIFIED CARRIER REGISTRATION (UCR) INFORMATION

J OLIVERI TRUCKING LLC is NOT registered with UCR.

NOTARIZATION

When filing your assessment report through the portal, notarization is not required.

AFFIDAVIT

I hereby state that the information reported herein is complete, true and correct, I expect to be able to prove the same as necessary, and I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

I further agree that I have authority to and do consent to the release of all tax records filed or compiled with regard to the listed utility and/or individual to the Public Utility Commission, if requested, as a means to verify the accuracy of the financial information supplied, in accordance with Sections 505 and 506 of the Public Utility Code.

SUBMISSION/AUTHORIZATION

Name James William Oliveri

Email Address oliverijames@yahoo.com

For your records only. Do not mail to the Commission

Phone Number	5708143221
Date of Submission	Monday, May 18, 2026 4:34 PM
Resubmission Reason	Supporting documentation for year 2024 due to letter. Letter stated no revenue was shown.

SUPPORTING DOCUMENTATION

Document Type	Name
Exemption: Waste, Excavated and Road Construction Materials	Receipt_2026-05-18_161855.pdf
Exemption: Waste, Excavated and Road Construction Materials	Receipt_2026-05-18_160251.pdf
Exemption: Waste, Excavated and Road Construction Materials	Receipt_2026-05-18_154436.pdf
Exemption: Waste, Excavated and Road Construction Materials	2026-05-18_132711.pdf

COMMONWEALTH OF PENNSYLVANIA
 PUBLIC UTILITY COMMISSION
 400 NORTH STREET
 HARRISBURG, PA 17120

2024

ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** no later than **March 31, 2024**. 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 OLIVERI TRUCKING LLC	UTILITY CODE: 8913858
CONTACT NAME: JAMES W OLIVERI	EMAIL:
ADDRESS 1: 62 WINTER STREET	ADDRESS 2 (Floor, Suite, etc.):
CITY, STATE, ZIP: PITTSTON TOWNSHIP PA 18640	PHONE NO.: 570-654-2612

OPERATING REVENUE FOR CALENDAR YEAR 2023 (January 1, 2023-December 31, 2023)

(Enter **WHOLE** dollars only)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or More	All Other Passenger Transportation
1. PA INTRASTATE OPERATING REVENUE	\$ 1147316			
PA EXEMPT INTRASTATE REVENUE (verifying documentation required for all exempt revenue)				
Exemption #				
Exemption #				
Exemption #				
Exemption #				
2. TOTAL Exempt Revenue	\$ 1062374			
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$ 84942			

UCR REGISTRATION INFORMATION

2024 UCR Registered: YES NO US DOT#: _____

Date 2024 Fee was Paid: _____

Internal Use Only

A-1 C-1 AB-1

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STAFURSKY PAVING COMPANY INC 3 EXPORT LANE ARCHBALD, PA 18403 (570) 876-2300		<input type="checkbox"/> CORRECTED (if checked)		Nonemployee Compensation	
PAYER'S TIN 23-2206058		RECIPIENT'S TIN 45-2470102		1 Nonemployee compensation \$ 18205.00	OMB No. 1545-0118 2024 Form 1099-NEC
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code J OLIVERI TRUCKING LLC 62 WINTER ST PITTSSTON TOWNSHIP, PA 18640-3379		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Account number (see instructions)		3			
4 Federal income tax withheld \$		5 State tax withheld \$		6 State/Payer's state no. PA	
7 State income \$		(Keep for your records) Form 1099-NEC			

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STAFURSKY PAVING COMPANY INC 3 EXPORT LANE ARCHBALD, PA 18403 (570) 876-2300		<input type="checkbox"/> CORRECTED (if checked)		Nonemployee Compensation	
PAYER'S TIN 23-2206058		RECIPIENT'S TIN 45-2470102		1 Nonemployee compensation \$ 18205.00	OMB No. 1545-0118 2024 Form 1099-NEC
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code J OLIVERI TRUCKING LLC 62 WINTER ST PITTSSTON TOWNSHIP, PA 18640-3379		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		Copy 2 To be filed with recipient's state income tax return, when required.	
Account number (see instructions)		3			
4 Federal income tax withheld \$		5 State tax withheld \$		6 State/Payer's state no. PA	
7 State income \$		(Keep for your records) Form 1099-NEC			

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EII TRANSPORT INC 205 CREEK ROAD CAMP HILL PA 17011 (717) 257-4255			OMB No. 1545-0116
			Form 1099-NEC
			For calendar year 2024

Nonemployee Compensation

PAYER'S TIN 25-1810626	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 396302.51		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, Street address (including apt. no.), City or town, state or province, country, and ZIP or foreign postal code J. OLIVERI TRUCKING LLC 62 WINTER STREET PITTSTON PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3		
Account number (see instructions) 00068215		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no.	
		\$		\$

Form 1099-NEC (keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CUZ EXCAVATING 8827 Route 14 Canton, PA 17724-7574			OMB No. 1545-0116
			Form 1099-NEC (Rev. January 2024)
			For calendar year 2024

Nonemployee Compensation

PAYER'S TIN 45-4007227	RECIPIENT'S TIN XX-XXX0102	1 Nonemployee compensation \$ 280588.61		Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name J OLIVERI TRUCKING LLC Street address (including apt. no.) 62 WINTER STREET City or town, state or province, country, and ZIP or foreign postal code PITTSTON TWP, PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		
		3		
Account number (see instructions) 4609		4 Federal income tax withheld \$		
		5 State tax withheld \$	6 State/Payer's state no. PA	
		\$		\$

Form 1099-NEC (Rev. 1-2024)
DAA

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. H&K Group, Inc. P.O. Box 196 Skipack, PA 19474 6105848500		OMB No. 1545-0116 Form 1099-NEC (Rev. January 2024) For calendar year <u>24</u>		Nonemployee Compensation	
PAYER'S TIN 231699847	RECIPIENT'S TIN 45-2470102	1 Nonemployee compensation \$ 367288.30	Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		
RECIPIENT'S name J. Oliveri Trucking Street address (including apt. no.) 62 Winter Street City or town, state or province, country, and ZIP or foreign postal code Pittston, PA 18640		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 4 Federal income tax withheld \$.00			
Account number (see instructions)		5 State tax withheld \$.00			6 State/Payer's state no. PA/9016-051

Form 1099-NEC (Rev. 1-2024)

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury - Internal Revenue Service

1	84942.20	2	\$0,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3		4	Federal income tax withheld
5		6	
PAYEE'S TIN 47-3428823			
PAYEE'S name, street address, city, state, ZIP code, and telephone no. JVA ENTERPRISES INC 132 HARDIE ROAD CONKLIN, NY 13748			

Instructions for Recipient
You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8879 and attach it to your return. For more information, see Pub. 1778, Independent Contractor or Employee.

If you are not an employee and the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (in Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1085 and Schedule M-1 (Form 1085) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, ministers, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you by credit, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099-NEC.

Print File Program. Go to www.irs.gov/printfile to see if you qualify for no-cost online federal tax preparation, e-file, and direct deposit or payment options.

RECIPIENT'S TIN XXX-XX-0102	Account Number (see instructions)
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code J. OLIVERI TRUCKING 62 WINTER STREET PITTSBURGH TWP, PA 15240	
8 State tax withheld - line 1	9 State tax withheld - line 2
10 State/Payer's state no. - line 1	11 State/Payer's state no. - line 2
12 State income - line 1	13 State income - line 2
Nonemployee Compensation Copy B - For Recipient 1099-NEC 2024 <small>OMB No. 1545-0046</small>	

**J. OLIVERI TRUCKING
62 WINTER STREET
PITTSBURGH TWP, PA 15240**

COPY B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this backup is incorrect and the IRS determines that it has not been reported.

1 Nonemployee compensation	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3 84942.20	4 Federal income tax withheld
5	6
PAYEE'S TIN 47-3428823	
PAYEE'S name, street address, city, state, ZIP code, and telephone no. JVA ENTERPRISES INC 132 HARDIE ROAD CONKLIN, NY 13748	
RECIPIENT'S TIN XXX-XX-0102	Account number (see instructions)
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code J. OLIVERI TRUCKING 62 WINTER STREET PITTSBURGH TWP, PA 15240	
8 State tax withheld - line 1	9 State tax withheld - line 2
10 State/Payer's state no. - line 1	11 State/Payer's state no. - line 2
12 State income - line 1	13 State income - line 2
Nonemployee Compensation Copy 2 1099-NEC 2024 <small>OMB No. 1545-0046</small>	

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3 84942.20	4 Federal income tax withheld
5	6
PAYEE'S TIN 47-3428823	
PAYEE'S name, street address, city, state, ZIP code, and telephone no. JVA ENTERPRISES INC 132 HARDIE ROAD CONKLIN, NY 13748	
RECIPIENT'S TIN XXX-XX-0102	Account number (see instructions)
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code J. OLIVERI TRUCKING 62 WINTER STREET PITTSBURGH TWP, PA 15240	
8 State tax withheld - line 1	9 State tax withheld - line 2
10 State/Payer's state no. - line 1	11 State/Payer's state no. - line 2
12 State income - line 1	13 State income - line 2
Nonemployee Compensation Copy 2 1099-NEC 2024 <small>OMB No. 1545-0046</small>	

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3 84942.20	4 Federal income tax withheld
5	6
PAYEE'S TIN 47-3428823	
PAYEE'S name, street address, city, state, ZIP code, and telephone no. JVA ENTERPRISES INC 132 HARDIE ROAD CONKLIN, NY 13748	
RECIPIENT'S TIN XXX-XX-0102	Account number (see instructions)
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code J. OLIVERI TRUCKING 62 WINTER STREET PITTSBURGH TWP, PA 15240	
8 State tax withheld - line 1	9 State tax withheld - line 2
10 State/Payer's state no. - line 1	11 State/Payer's state no. - line 2
12 State income - line 1	13 State income - line 2
Nonemployee Compensation Copy 2 1099-NEC 2024 <small>OMB No. 1545-0046</small>	

To be filed with recipient's state income tax return, when required.

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82 WINTER ST
PITTSBURGH TOWNSHIP PA 18640-3379
(570) 814-3221

0 Lb 3.50 Oz

RDC 07

SIGNATURE REQUIRED

SCHEDULED DELIVERY DAY: 05/22/26 08:00 PM

C000

SHIP
TO:



MATTHEW L HOMSHER
COMMONWEALTH KEYSTONE BUILDING
400 NORTH ST
HARRISBURG PA 17120-0211

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