

# ANNUAL REPORT OF

\_\_\_\_\_  
(Name of Respondent)

\_\_\_\_\_  
(Address of Respondent)

**TO THE**  
**BOARD OF PUBLIC WORKS**  
**OF THE**  
**STATE OF WEST VIRGINIA**

FOR THE YEAR ENDING DECEMBER 31, 2023

Name, title, address and telephone & fax number (including area code) of the person to be contacted concerning this report:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Title \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_

Return to: West Virginia State Tax Department  
Property Tax Division  
Special Properties Section  
PO Box 1463  
Charleston WV 25325

(304) 558-3940  
(304) 558-1150 Fax

■ Return by: **May 1, 2024**

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**INSTRUCTIONS**

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1. **Pages 1 - 6**      **Complete as indicated on each page.**  
If any section is not pertinent to your company, please indicate by inserting **N/A** in the appropriate area.  
**Do not leave any section blank.**

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  2. **Page 7 / 7a**      **Complete the Income Statement information for your business      OR**  
In lieu of filing this page, you may submit a copy of your business income statement  
from your Federal Income Tax return.

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  3. **Property Sheets B, C, & D**      **Complete as required. If not applicable, indicate by inserting NONE**  
or **N/A** on form.  
**DO NOT LEAVE BLANK.**

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  4. **Property Sheet PTD 20:21**      **Complete as required. ( Please note, if own structures, but lease land,**  
still list and so indicate.) **If form not applicable, indicate by inserting**  
**NONE or N/A.**  
**DO NOT LEAVE BLANK.**

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  5. **Return Annual Report along with the requested Federal tax forms (if submitting) in the provided return**  
**envelope by May 1.**
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**RESPONDENT PLEASE CHECK APPROPRIATE LINE:**

Is Your Company

- (a) For Profit Company \_\_\_\_\_
- (b) Non-Profit Company \_\_\_\_\_
- (c) Part of Public Service District \_\_\_\_\_

Is the Authority granted to you by the WV Public Service Commission statewide?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what areas of the State does your authority cover?

\_\_\_\_\_  
\_\_\_\_\_



Are You Filing Under Same Name as Last Year Yes \_\_\_\_\_ No \_\_\_\_\_

Are You Filing Under Same Address as Last Year Yes \_\_\_\_\_ No \_\_\_\_\_

If Applicable Please State Former Name and / or Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY ANNUAL REPORT  
ORGANIZATION AND CONTROL

1. State full and exact name of respondent (company) making this report:

\_\_\_\_\_

2. Name, title, telephone number, and address of officer, owner, or partner to whom correspondence concerning this report should be addressed:

\_\_\_\_\_ (Name) \_\_\_\_\_ (Title)

\_\_\_\_\_ (Street) \_\_\_\_\_ (City & State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Area Code) (Telephone Number) \_\_\_\_\_ (Fax Number)

3. Address of office where accounting records are maintained:

\_\_\_\_\_ (Street) \_\_\_\_\_ (City & State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_  
\_\_\_\_\_

VERIFICATION

\_\_\_\_\_ makes oath and says that he/she is \_\_\_\_\_  
(insert name of affiant) (insert name of the official title of the affiant)

of \_\_\_\_\_

that it is his duty to have supervision over the books of account of the respondent and to control the manner in which such books are kept; that he knows that such books have, during the period covered by the foregoing report, been kept in good faith in accordance with the accounting and other orders of the Public Service Commission of West Virginia, effective during the said period; that he has carefully examined the said report and to the best of his knowledge and belief the entries contained in the said report have, so far as they relate to matters of account, been accurately taken from the said books of account and are in exact accordance therewith; that he believes that all other statements of fact contained in the said report are true; and that the said report is a correct and complete statement of the business and affairs of the above-named respondent during the period of time from and including

\_\_\_\_\_ , \_\_\_\_\_ to and including \_\_\_\_\_

\_\_\_\_\_  
(Signature of affiant)

**BUSES & LIMOUSINES**

**REVENUE EQUIPMENT OWNED OR LEASED AT CLOSE OF YEAR**

VEHICLES - ACQUIRED PRIOR TO and DURING REPORT YEAR, AND ON HAND AT CLOSE OF YEAR:

LINE NO.	MAKE	VIN#	YEAR VEHICLE ACQUIRED	BUS or LIMO	OWN or LEASE	If LEASED, Annual Rent Expense	NEW or USED (SPECIFY)	PURCHASE COST *
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								

\* Purchase cost should include the value of any trade-in

<b>MILEAGE RECORD</b>	
Total whole number of miles made in West Virginia	_____ miles
Total whole number of miles made in all states	_____ miles

**Directions:**

1. List miles made in West Virginia during Report Year
2. List miles made everywhere during Report Year, the total of these miles should include those previously reported as "miles made in West Virginia"

<b>AREAS OF LOCATIONS</b>	
<b>List Counties in which your company operated vehicles in the State of West Virginia</b>	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**CARRIER OPERATING PROPERTY  
LOCATED IN WEST VIRGINIA**

LINE NO.	Description of Property	Balance at beginning of year	Balance at close of year
1	Land and Land Rights	\$ _____	\$ _____
2	Structures	\$ _____	\$ _____
3	Service cars and equipment	\$ _____	\$ _____
4	Shop and garage equipment	\$ _____	\$ _____
5	Furniture and office equipment	\$ _____	\$ _____
6	Miscellaneous equipment	\$ _____	\$ _____
7	Improvements to leasehold property	\$ _____	\$ _____
8	Unfinished construction	\$ _____	\$ _____
9	Total	\$ _____	\$ _____

List location (city, county) of the above real properties

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**Schedule 2998. - INCOME STATEMENT**

State the Income Statement of the respondent for the year in accordance with the instructions prescribed in the Uniform System of Accounts for Class I Motor Carriers of Passengers.

Line No.	Item (a)	Amount (b)
	<b>ORDINARY ITEMS</b>	\$
1	<b>I. CARRIER OPERATING INCOME</b>	
2	<i>Revenues:</i>	
3	(3000) Operating revenues	
4	<i>Expenses:</i>	
5	(4000) Operation and maintenance expenses	
6	(5000) Depreciation expenses	
7	(5100) Amortization of carrier operating property	
8	(5200) Operating taxes and licenses	
9	(5300) Operating rents - Net	
10	<b>TOTAL EXPENSES</b>	
11	<b>NET OPERATING REVENUE</b>	
12	(5400) Rent for lease of carrier property -- Debit	
13	(5500) Income from lease of carrier property -- Credit	
14	<b>NET CARRIER OPERATING INCOME</b>	
15	<b>II. OTHER INCOME</b>	
16	(6000) Net income from noncarrier operations	
17	(6100) Net income from nonoperating property	
18	(6200) Interest income	
19	(6300) Dividend income	
20	(6400) Income from sinking and other funds	
21	(6500) Other nonoperating income	
22	<b>TOTAL OTHER INCOME</b>	
23	<b>GROSS INCOME</b>	
24	<b>III. INCOME DEDUCTIONS</b>	
25	(7000) Interest on long-term obligations	
26	(7100) Other interest deductions	
27	(7200) Taxes assumed on interest	
28	(7300) Amortization of debt discount and expense	
29	(7400) Amortization of premium on debt - Credit	
30	(7500) Other deductions	
31	<b>TOTAL INCOME DEDUCTIONS</b>	
32	<b>ORDINARY INCOME BEFORE INCOME TAXES</b>	
33	(8000) Income taxes on ordinary income	
34	<b>ORDINARY INCOME</b>	
	<b>EXTRAORDINARY AND PRIOR PERIOD ITEMS</b>	
35	(9010) Extraordinary items (Net)	
36	(9030) Prior period items (Net)	
37	(9050) Income taxes on extraordinary and prior period items	
38	<b>TOTAL EXTRAORDINARY AND PRIOR PERIOD ITEMS</b>	
39	<b>NET INCOME (OR LOSS) TRANSFERRED TO EARNED SURPLUS</b>	
40	Operating ratio (line 10 / line 3) (one decimal place required)	%





PURPOSE OF FORM #PTD 20:21

THE REQUESTED INFORMATION IS REQUIRED AS PART OF YOUR ANNUAL REPORT TO THE BOARD OF PUBLIC WORKS FOR PROPERTY TAX PURPOSES. THIS DATA IS REQUIRED UNDER PROVISIONS OF WEST VIRGINIA CODE § 11-6-1 ET SEQ. ANY INDIVIDUAL OR UTILITY FAILING TO FILE A TIMELY REPORT SHALL BE GUILTY OF A MISDEMEANOR AND LIABLE FOR A FINE OF ONE THOUSAND DOLLARS (\$1,000) FOR EACH MONTH SUCH FAILURE CONTINUES. THIS INFORMATION WILL BE REVIEWED BY STATE TAX DEPARTMENT PERSONNEL AND LOCAL COUNTY ASSESSORS TO ENSURE THAT ALL REAL PROPERTY OWNED BY A REPORTING UTILITY IS PROPERLY RECORDED ON THE LAND BOOKS OF THE COUNTY IN WHICH REAL PROPERTY IS OWNED. PROPERTY WILL BE VERIFIED AS OPERATING OR NON-OPERATING AND VERIFIED FOR PROPER TAX ASSESSING BODY. ASSESSOR WILL CERTIFY THAT CURRENT YEAR ACQUISITIONS HAVE BEEN CORRECTLY ENTERED ON THE LAND BOOKS AND NOTED WHEN TAX ASSESSING BODY IS THE BOARD OF PUBLIC WORKS.

INSTRUCTION FOR UTILITY REAL PROPERTY REPORT

1. ENTER UTILITY NAME, ADDRESS, PHONE NUMBER, COUNTY, DISTRICT AND NAME OF INDIVIDUAL COMPLETING REPORT. UTILITIES OPERATING IN MORE THAN ONE COUNTY DISTRICT NEED TO PREPARE A SEPARATE FORM FOR EACH COUNTY DISTRICT.
2. COLUMN A: LIST TAX MAP NUMBER, PARCEL NUMBER AND SIZE OR ACREAGE.
3. COLUMN B: LIST PRESENT USE OF PROPERTY SUCH AS OPERATING, NON-OPERATING, LEASED TO OTHERS OR HELD FOR FUTURE USE.
4. COLUMN C: INDICATE BY AN (X) WHICH TAXING BODY, ASSESSOR OR BOARD OF PUBLIC WORKS, IS CURRENTLY ASSESSING EACH PROPERTY FOR PROPERTY TAXES.
5. COLUMN D: LIST DATE EACH SPECIFIC PROPERTY WAS ACQUIRED.
6. COLUMN E: INDICATE WITH AN (X) ANY PROPERTY ACQUIRED DURING PAST CALENDAR YEAR.
7. COLUMN F: LIST ANY SURFACE OR STRUCTURAL IMPROVEMENTS MADE TO EACH SPECIFIC PARCEL OF REAL PROPERTY. DO NOT LIST PERSONAL PROPERTY OR EQUIPMENT ON THIS REPORT PAGE AS THEY ARE REPORTED ON OTHER PAGES OF THE BOARD OF PUBLIC WORKS REPORT.
8. ANSWER QUESTIONS BELOW PROPERTY LISTING SECTION:  
DID UTILITY ACQUIRE REAL PROPERTY DURING PAST CALENDAR YEAR?  
INDICATE (YES) OR (NO).
9. QUESTIONS CONCERNING PROPER COMPLETION OF THIS FORM SHOULD BE DIRECTED TO:

WEST VIRGINIA STATE TAX DEPARTMENT  
PROPERTY TAX DIVISION  
SPECIAL PROPERTIES SECTION  
PO BOX 1463  
CHARLESTON WV 25325  
(304) 558-3940

DUE DATE: May 1, 2024

STATE OF WEST VIRGINIA  
 UTILITY REAL PROPERTY REPORT  
 PERIOD ENDING DECEMBER 31, 2023

FORM #PTD 20:21  
 REVISED 10/12/00

UTILITY CO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COUNTY: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

--- (A) --- LIST EACH LAND PARCEL SEPARATELY			--- (B) --- PRESENT USE OF PROPERTY: OPERATING, NON-OPERATING, HELD FOR FUTURE USE, OR LEASED TO OTHERS.	--- (C) --- PROPERTY ASSESSED FOR TAX BY: (CHECK ONE)		--- (D) --- FOR LAND OWNED	--- (E) --- INDICATE LAND ACQUIRED DURING 2023 BY (X)	--- (F) --- LAND, STRUCTURAL & EQUIPMENT IMPROVEMENTS	
DEED BK AND PAGE	MAP AND PARCEL	SIZE OR ACREAGE		COUNTY ASSESSOR	BOARD OF PUB. WORKS	DATE PURCHASED		DESCRIPTION	DATE

UTILITY: DOES THIS PAGE LIST ANY REAL PROPERTY ACQUIRED OVER PAST YEAR? YES ( ) NO ( )

ASSESSOR'S SIGNATURE: \_\_\_\_\_ (TAX DEPARTMENT WILL OBTAIN SIGNATURE)

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A part of the report of \_\_\_\_\_  
(Company)

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**OATH**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, THE UNDERSIGNED \_\_\_\_\_  
(Name of Officer) (Official Title)

of the \_\_\_\_\_ Company, on my oath say that the return as shown on this and the foregoing pages of this report, has been prepared from the original books, papers and records of said Company, that I have carefully examined the same and declare the same and each page thereof to be a complete and correct statement of the business and affairs of said Company in respect to each and every matter and thing therein set forth, and that all property has been reported at its book value, and that there have been no expenditures for "additions, and new work" either within or without the State of West Virginia except as shown by the Plant and Investment Account of this report; and that the foregoing return includes all property owned, leased or operated in the State of West Virginia by said Company during the period for which said return is made.

\_\_\_\_\_  
\_\_\_\_\_  
(Official Title)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Notary Public

*(The return must be verified on the oath of the President, Vice President, Secretary or Principal Accounting Officer.)*