MOTOR CARRIER AD VALOREM TAX REPORT GENERAL INSTRUCTIONS

1. ***This report must be filed with the Comptroller of the Treasury on or before April 1, 2018.***

2. **IF YOUR COMPANY IS NO LONGER IN BUSINESS, PLEASE NOTIFY THIS OFFICE IMMEDIATELY, TO AVOID POSSIBLE FORCE ASSESSMENT FOR THE 2018 TAX YEAR!**

3. FAILURE to file a complete report will result in a **FORCED ASSESSMENT**, and the property owner may, at the discretion of the Comptroller, be liable to a penalty of $100.00 for each and every day the owner is delinquent in filing. Tennessee Code Annotated §67-5-1317. Failure to file a tax report could result in an audit under T.C.A. 67-5-1320.

4. This report is subject to **AUDIT** by the Comptroller of the Treasury. Tennessee Code Annotated §67-5-1320.

5. Blank report forms are available at **http://www.comptroller.state.tn.us/sap/advalorem.htm**.

6. Round all dollar figures to whole dollars. Do not leave blanks. Enter "0" for none.

7. The **FEIN#** is your Federal Employer Identification Number.

8. Guide for preparing Lines 10-13: (As of 12/31/2017). If no **TOTAL CURRENT ASSETS AND TOTAL CURRENT LIABILITIES are listed or if CURRENT ASSETS DO NOT EXCEED CURRENT LIABILITIES, *you must attach a Balance Sheet & Income Statement.***

	TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES	GROSS REVENUES	NET OPERATING INCOME
EXAMPLE	Cash and Deposits	Notes Payable	Total Revenues from trucking operation.	Gross Revenues minus operating expenses not including interest expense.
	Temporary Investments	Accounts Payable		
	Accounts Receivable	Accrued Interest		
	Notes Receivable	Taxes Payable		
	Materials and Supplies	Accrued Wages, Salaries		
	Prepaid Expenses	Customer Deposits		
	Other current Assets	Other Current Liabilities		

9. Revenue Equipment is all equipment owned, used, or leased (including owner operators operating under the same MC authority as the lessee) in direct production of income, i.e., Trucks, Tractors or Trailers.

10. **Line 14A**-Cost of Total System Revenue Equipment "OWNED, USED OR LEASED TO OWN" should be the gross **original cost**, plus improvements, before depreciation if purchased new or used.

11. **Line 14B**-Cost of Total System Revenue Equipment "LEASED" should be the gross **original cost**, new or used, to the lessor. If the actual cost is not available, reasonable estimates of original cost will be considered if adequate details are provided. **DO NOT** list opinion of market value.

12. **Line 15**- Report the total number of System Power Units owned, used or leased by your Truck Company. System Power Units is the number of trucks owned, used or leased by your Truck Company. This number should match the total for lines 1 – 8 on MC-3.

13. **Line 16**-Report the Real Property owned in the **EXACT NAME** of your Truck Company. Include any IDB or PILOT Program property with associated costs.

14. **Line 17**-Report the Real Property under construction in the **EXACT NAME** of your Truck Company.

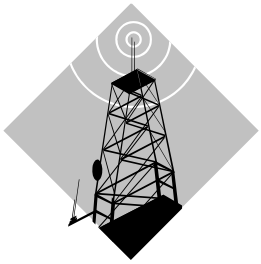
15. **Line 18**-Report the Purchases and Sales of Real Property owned in the **EXACT NAME** of your Truck Company.

16. **Line 19**-List all Personal Property by city & county that is owned, used or leased by your Truck Company. Include any IDB or PILOT Program property with associated costs.

17. **Page MC-3**-Summarize all Carrier Operating Property owned, used or leased by your Truck Company.

18. **Page MC-4**-List where your Truck Company's Over-the-Road Equipment is physically located. As an alternative, you may list primary points of pickup and delivery.

19. **Page MC-6** requires a listing of all properties receiving tax incentives such as Pilot Agreements (PILOT) or property leased from an Industrial Development Board (IDB). Report each separate agreement subject to these incentives by populating each column with the pertinent data.



STATE OF TENNESSEE
2018
AD VALOREM TAX REPORT

COMPANY NAME _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____
(PRINCIPLE OFFICE INFORMATION)

STREET _____ CITY _____ STATE _____ ZIP CODE _____
(PRINCIPLE OFFICE INFORMATION IN TENNESSEE)

PHONE NUMBER ( ) _____ FAX NUMBER ( ) _____

COMPANY WEB SITE _____

Visit our website at:
www.comptroller.tn.gov/sap

MAIL REPORT TO:

COMPTROLLER OF THE TREASURY
OFFICE OF STATE ASSESSED PROPERTIES
Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37243-3400
(615) 741-0140 FAX (615) 741-0142

****This report must be filed with this office by April 1, 2018****

MOTOR CARRIER

2018 AD VALOREM TAX REPORT

1. **Company Legal Name:** _____ **FEIN#** _____

   Doing Business As: _____ _____

   E-mail address _____

2. **A. Business Address:**
   (Street) _____
   (City) _____ (State) _____ (Zip Code) _____

   B. Mailing Address **(If different)**
   (Street) _____
   (City) _____ (State) _____ (Zip Code) _____

   C. Tennessee Primary **Please check appropriate box below.**
   ☐ **RENTED /LEASED** ☐ **OWNED In Exact Name of Company**
   (If Owned See page MC-2 Line 16)
   (Street) _____
   (City) _____ (State) _____ (Zip Code) _____

3. **Telephone Number:** _____ **Fax Number:** _____

4. **Company Web Site:** _____

5. **Direct questions about this report to:**
   (Name & Title) _____
   (Street or P. O. Box) _____
   (City) _____ **(State)** _____ **(Zip Code)** _____
   (E-mail Address) _____
   (Telephone #) _____ **(Fax #)** _____

6. **Name and Address of President or Owner:**
   (Name & title) _____
   (Street or P. O. Box) _____
   (City) _____ **(State)** _____ **(Zip code)** _____
   (Telephone #) _____ **(Fax #)** _____

7. **Is your company a common/contract carrier for hire?** ☐ **YES** ☐ **NO**

8. **Motor Carrier authority:** _____ **USDOT#** _____ **ICC# OR FHWA#** _____

9. **Total miles for all vehicles operated during the year ended December 31, 2017:**

   A. Tennessee Only _____ **B. Total System including TN** _____

10. **Total Current Assets** **$** _____
    (DO NOT INCLUDE COST OF TRUCKS & TRAILERS)

11. **Total Current Liabilities** **$** _____
    (DO NOT INCLUDE COST OF TRUCKS & TRAILERS)

SYSTEM

12. **Gross Revenues** **$** _____

13. **Net Operating Income** **$** _____

14. **Total System Revenue Equipment Cost:**
    (As of 12/31/2017)

    A. Owned **$** _____

    B. Leased **$** _____

15. **Total Number of System Power Units.**
    (All trucks & tractors used as of 12/31/2017) _____

REAL AND PERSONAL PROPERTY LOCATED IN TENNESSEE
NOTE: THIS SHEET WILL BE USED FOR YOUR LOCALIZED ASSESSMENT

16. Only list real property located in Tennessee **Owned** in the Exact Name of your Truck Company.
(DO NOT INCLUDE RESIDENTIAL HOMES UNLESS OWNED IN THE EXACT NAME OF YOUR TRUCK COMPANY)

Physical Address of the Property	County Name	City (If Inside City Limits)	Original Cost
			$
			$
			$
			$
			$

16 A. If the property is leased you must identify the lessee.

Lessee	Address of Property

17. Real Property Under Construction (CWIP) **in exact name of your truck company**. Enter the "Expected" Completion Date.

Physical Address of the Property	Completion Date	County Name	City (If Inside City Limits)	Original Cost
				$
				$

18. Purchases and Sales of Tennessee Real Property **exact name of your truck company** (Mark "B" for Bought, "S" for Sold)
(DO NOT INCLUDE PURCHASES AND SALES OF PERSONAL PROPERTY)
Copy of registered or unregistered instruments must be enclosed. (Quit Claim or Warranty Deed)

Physical Address of the Property	Bought/Sold	County Name	City (If Inside City Limits)	Original Cost
				$
				$

19. List ***(by city and county)*** dollar amount of Personal Property **Owned or Leased** by your Truck Company and located in Tennessee. (DO NOT INCLUDE REVENUE EQUIPMENT. ONLY PERSONAL PROPERTY USED IN SUPPORT OF TRUCK OPERATIONS) ***If no personal property is listed, you must attach the company's Balance Sheet and Income Statement.***

Physical Address of the Property	County Name	City (If Inside City Limits)	Original Cost
			$
			$
			$
			$
			$

CARRIER OPERATING PROPERTY – SUMMARY

Submit below the **new cost** (gross original cost before depreciation) for property and equipment purchased or acquired new or the **used cost** (cost when acquired) for carrier property and equipment used or held for use in carrier operation at the beginning and close of 2017.
Include under Revenue Equipment (Leased) all equipment leased by carrier or otherwise controlled and operated under carrier's Federal Highway Authority, former I.C.C. or State Authority, as of December 31, 2017

***ESTIMATE PURCHASE PRICE IF ACTUAL COST IS NOT AVAILABLE.**

		ALL STATES						TENNESSEE ONLY
	Type of Property	**Number of Items**	**Balance at Beginning of Year**	**Additions During Year**	**Retirements During Year**	**Number of Items**	**Balance at Close of Year**	**Balance at Close of Year**
	Revenue Equipment (Owned)							
1.	Trucks		$	$	$		$	$
2.	Trucks - Tractors							
3.	Van - Trailers							
4.	Tank, Ref. & Special Trailers							
5.	Other Revenue Equipment							
	TOTAL		$	$	$		$	$
	Revenue Equipment (Leased or Used)							
6.	*Trucks		$	$	$		$	$
7.	*Trucks - Tractors							
8.	*Van - Trailers							
9.	*Tank, Ref. & Special Trailers							
10.	*Other Revenue Equipment							
	TOTAL		$	$	$		$	$
	Personal Property (Owned, Leased or Used)							
11.	Furniture & Fixtures		$	$	$		$	$
12.	Computer & Other Office Equip.							
13.	Tools							
14.	Repair Parts							
15.	Shop & Garage Equipment							
16.	Miscellaneous Equipment							
17.	Non-Revenue Equipment							
18.	Other:_____							
	TOTAL		$	$	$		$	$
	Real Property Owned in the Exact Legal Name of Your Truck Company in "TENNESSEE ONLY"							
19.	Land & Land Rights		$	$	$		$	
20.	Structures							
21.	Construction in Progress							
22.	Leasehold Improvements							
	TOTAL		$	$	$		$	

OVER-THE-ROAD EQUIPMENT

NOTE: THIS SHEET WILL BE USED FOR YOUR DISTRIBUTABLE ASSESSMENT

Please indicate the physical location in Tennessee of all trucks, tractors or trailers when not traveling over the road. As an alternative, you may report major points of pickup and delivery. If the trucks or trailers are located outside any city limits, enter the name of the county only. If located inside a city limit please indicate both the county and city names. Provide the names of all Tennessee owner/operators providing motor carrier services under your authority in the column provided. Please attach a sheet that summarizes the number of operators by city and county.

NAME OF COUNTY	NAME OF CITY (If Inside City Limits)

List all Tennessee owner/operators
By Make, Model and VIN Number

Owner/Operator	Make	Model	VIN Number

INDUSTRIAL DEVELOPMEMT BOARD

Please report on this form any Industrial Development Board (IDB) or similar tax abatements information for personal and real property leased by your company. Please include scanned or paper copies of any similar agreements with city or counties for the referenced properties.

Owner Name	Lessee Name	Property Address	County Name	City Name	Estimated Value	Lease Date	Lease Terms

OUT OF BUSINESS

IF COMPANY HAS GONE OUT OF BUSINESS
THIS FORM MUST BE PROPERLY FILLED OUT, SIGNED, NOTARIZED AND RETURNED TO:
COMPTROLLER OF THE TREASURY
OFFICE OF STATE ASSESSED PROPERTIES
CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TN 37243-3400

I, _____, on this _____ day of _____, 20___declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

- **Company Name** _____
- **Date operation ceased business** _____
- **Date of insurance cancellation** _____
  (Attach copy of insurance cancellation)
- **Date of cancellation (US DOT Number)** _____
- **Date of cancellation (FMCSA)** _____
  (You can log onto their website using their Pin# and cancel online or call (615)781-5781)
- **Date of cancellation (MC Number)** _____
  (If FMSCA is not notified by the insurance company when the insurance is terminated, the company will still appear as active in SAFER. Please ensure Motor Carrier Authority cancellation, *or your company **will still** be assessed by the Office of State Assessed Properties)*
- **How and when were assets disposed** _____
  (If sold, name and address of buyer) _____
  _____
  _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____
COUNTY OF _____

_____
COMPANY OFFICIAL SIGNATURE

_____
DATE

Sworn to and subscribed before me on this _____day of _____, 20____

_____
NOTARY

NOTARY SEAL

_____
COMMISSION EXPIRES

DATE: _____

I, _____, being the OWNER, PRESIDENT, SECRETARY, AND/OR PARTNER OF _____, do hereby swear and affirm that the foregoing Ad Valorem Tax Report for the year two thousand eighteen has been prepared from <u>only</u> the original books, papers, and records of said respondent under my direction in accordance with Tennessee Code Annotated, §67-5-1316, and is true and correct to the best of my knowledge and belief.

_____
NAME

_____
OFFICIAL CAPACITY