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CLASS A & B
SOLID WASTE COLLECTION COMPANIES
ANNUAL REPORT to the
WASHINGTON UTILITIES AND
TRANSPORTATION COMMISSION

for the YEAR ENDED DECEMBER 31, 2003

Full name and address of Company

Correct name and address, if different than shown

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL

___ Check ___ Money Order ___ AMEX ___ Discover ___ Visa ___ MasterCard

For Commission Use Only
Credit Card Authorization #: _____

Credit Card Number: _____ Expiration Date Month/Year _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to the card issuer agreement.

Name (Printed) _____ Title _____
Signature _____ Date _____

For Commission Use Only

Reception Number: _____ 227-11: _____ Reference Number: _____
227-01: _____ 032-05: _____

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
Web Site: www.wutc.wa.gov

CERTIFICATION

I certify that I, _____, the responsible official for _____ have examined the attached report; that to the best of my knowledge, information, and belief all statements of fact contained in said report are true, and said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from January 1 to December 31, 2003, inclusive.

Name (Printed) _____ Title _____

Signature _____ Date _____

SOLID WASTE ANNUAL REPORT

Schedule 1 - Identification, Organization, and Control

1. Full and exact name of respondent making this report:

_____ Garbage Certificate No. G-
 Doing Business As _____

2. Annual Report/ Accounting Contact Person:

(name)	(title)
(mailing address)	(city, state, ZIP)
(physical address)	(city, state, ZIP)
(telephone)	(fax)
(E-Mail)	(web site)

3. Washington Unified Business Identifier (UBI) No.: _____
 (Contact Washington Department of Licensing at (360) 664-1400 for information.)

United States Department of Transportation (DOT) No.: _____

4. Type of Business Structure: _____
 (Proprietorship, Partnership, S-Corp., C-Corp., LLC, LLP, etc.)

5a. List the name, title, and percentage of partner's share or stock distribution of 5 major stockholders:

Name(s)	Title	Partner's Share or Stock Distribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5b. Total Stockholders at year's end: _____

6. Names, titles, and addresses of officers:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schedule 2

Insurance, Safety, and Accident Information

Current Insurance Company: _____

Policy Number: _____

Operations Officer: _____
(Name)

Telephone Number: () _____

Safety Officer: _____
(Name)

Telephone Number: () _____

Customer Service Officer: _____
(Name)

Telephone Number: () _____

Number of commercial motor vehicles operated during the year: _____

Number of commercial vehicle drivers employed during the year: _____

Number of recordable (see note) accidents during the year: _____

Total cost of recordable accidents (net of insurance): \$ _____

Total miles operated during the year: _____

Note: A recordable accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce which results in one or more of the following:

1. A fatality
2. Injury to a person requiring treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

Schedule 3A - Comparative Balance Sheet- Total Company

Instructions: Complete this Balance Sheet in accordance with the beginning and end-of-year ledger figures as reflected in your books of account.

Line No.	Account Name (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
Current Assets:			
1	Cash & Working Funds	_____	_____
2	Special Deposits	_____	_____
3	Temporary Cash Investments	_____	_____
4	Notes Receivable	_____	_____
5	Receivables from Affiliated Companies	_____	_____
6	Accounts Receivable	_____	_____
7	less: Allowance for Uncollectables	_____	_____
8	Net Accounts Receivable	_____	_____
9	Prepayments	_____	_____
10	Material & Supplies	_____	_____
11	Other Current Assets	_____	_____
12	Total Current Assets:	=====	=====
Tangible Property:			
13	Solid Waste Operating Property (Sched. 3C, Line 13)	_____	_____
14	less: Accumulated Depreciation (Sched. 3C, Line 25)	_____	_____
15	Net Solid Waste Operating Property	_____	_____
16	Non-Operating Property	_____	_____
17	less: Accumulated Depreciation	_____	_____
18	Net Non-Operating Property	_____	_____
19	Total Net Tangible Property	=====	=====
Intangible Property:			
20	Organization, Franchises, & Permits	_____	_____
21	Accumulated Amortization - Cr.	_____	_____
22	Other Intangible Property	_____	_____
23	Accumulated Amortization - Cr.	_____	_____
24	Total Net Intangible Property	=====	=====
Other Assets & Deferred Items:			
25	Investments & Advances	_____	_____
26	Undistributed Earnings from Subsidiaries	_____	_____
27	Deferred Debits	_____	_____
28	Other Assets	_____	_____
29	Total Other Assets & Deferred Items	=====	=====
30	Total Assets (Lines 12, 19, 24, & 29)	=====	=====

Schedule 3B - Comparative Balance Sheet- Total Company

Instructions: Complete this Balance Sheet in accordance with the beginning and end-of-year ledger figures as reflected in your books of account.

Line No.	Account Names (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
Current Liabilities:			
1	Notes Payable	_____	_____
2	Payables to Affiliated Companies	_____	_____
3	Accounts Payable	_____	_____
4	Salaries & Wages Payable	_____	_____
5	Accrued Taxes	_____	_____
6	Current Portion of Long Term Debt (Equip. & Other)	_____	_____
7	Other Current Liabilities	_____	_____
8	Total Current Liabilities	=====	=====
Long Term Debt Due After 1 Year:			
9	Equipment Obligations	_____	_____
10	Other Long Term Debt	_____	_____
11	Unamortized Premium/Discount on Debt - (net)	_____	_____
12	Total Long Term Debt Due After 1 Year	=====	=====
Deferred Credits & Other Items:			
13	Deferred Credits	_____	_____
14	Other Credits	_____	_____
15	Total Deferred & Other Credits	_____	_____
16	Total Liabilities (Lines 8, 12, & 15)	=====	=====
Shareholder's & Proprietor's Equity:			
17	Capital Stock:		
18	Capital Stock	_____	_____
19	Paid in Capital in Excess of Par	_____	_____
20	Other Capital	_____	_____
21	Total Capital Stock	=====	=====
22	Proprietor's Capital:		
23	Sole Proprietor's Capital	_____	_____
24	Partnership Capital	_____	_____
25	Total Proprietor's Capital	=====	=====
26	Retained Earnings	_____	_____
27	Total Equity (Lines 21 & 26, or 25)	=====	=====
28	Total Liabilities & Equity (Lines 16 & 27)	=====	=====

Schedule 3C: Total Company Solid Waste Operating Property

Instructions: Classify regulated and non-regulated fixed assets and reserves in your books of account, including those related to disposal and transfer station facilities, into the below-listed categories. Non-operating related items should be excluded from this schedule and instead shown in total in Schedule 3A, Lines 16 - 18.

Line No.	Acct.	Fixed Assets	Balance at Beginning of Year	Balance at at Close of Year
	(a)	(b)	(c)	(d)
1	1211	Land		
2	1212	Structures		
3	1222	Solid Waste Collection Equipment		
4	1224	Bins, Containers, Toters, Drop Boxes, etc.		
5	1226	Disposal/ Landfill/ Transfer Station		
6		Facilities and Equipment		
7	1230	Service Cars & Equipment		
8	1240	Shop & Garage Equipment		
9	1250	Office Furniture & Fixtures		
10	1270	Leasehold Improvements		
11	1280	Other Solid Waste Operating Property		
12		Total		

Line No.	Acct.	Accumulated Depreciation	Balance at Beginning of Year	Balance at at Close of Year
	(a)	(b)	(c)	(c)
13	1213	Structures		
14	1223	Solid Waste Collection Equipment		
15	1225	Bins, Containers, Toters, Drop Boxes, etc.		
16	1227	Disposal/ Landfill/ Transfer Station		
17		Facilities and Equipment		
18	1231	Service Cars & Equipment		
19	1241	Shop & Garage Equipment		
20	1251	Office Furniture & Fixtures		
21	1271	Leasehold Improvements		
22	1281	Other Solid Waste Operating Property		
23		Total		

_____ Schedule 4A - Sole Proprietor's Capital
 _____ Schedule 4B - Partnership Capital
 (Mark which one applies)

Instructions: **Non-Incorporated Companies** show the requested information concerning the items included in their **Proprietor or Partner Equity Accounts** during the year.

Line No.	Description (a)	Total (b)
1	Balance at Beginning of Year	
2	Net Income (Loss) from Current Period	
3	Additional Investments During Year	
4	Other Credits & Additions (Specify)	
5		
6		
7	Withdrawals & Disbursements	
8	Other Debits & Reductions (Specify)	
9		
10		
11	Balance at Year End	

Schedule 4C - Corporate Retained Earnings

Instructions: **Corporations** show the requested information concerning the items included in their **Retained Earnings Account** during the year.

Line No.	Description (a)	Total (b)
12	Balance at Beginning of Year	
13	Net Income (Loss) from Current Period	
14	Dividend Appropriations	
15	Other Debits & Reductions (Specify)	
16		
17		
18	Other Credits and Additions (Specify)	
19		
19		
20		
21	Balance at Year End	

Schedule 5 - Income Statement

Instructions: Complete this Total Company Income Statement in accordance with the year-end accumulated figures as reflected in your books of account.

Line	Account (a)	Total Company (b)
	Revenues:	
1	Solid Waste Operating Revenues (Line 12d, Schedule 6A)	
2	Other	
3	Total Revenue	
	Expenses:	
4	Driver Wages & Benefits	
5	Truck Operating Costs	
6	Repair & Maintenance	
7	Insurance & Safety	
8	Disposal & Processing	
9	Depreciation	
10	Selling & Advertising	
11	Office & Administration	
12	Management Fees	
13	Taxes & Licenses	
14	Rents	
15	Other Expenses	
16	Total Expenses before Other Items	(add lines 4 thru 15)
17	Net Income before Other Items	(line 3 minus line 16)
	Other Income & Expense	
18	Other Income/ (Loss)	
19	Interest, Dividends, & Other Investment Income/ (Loss)	
20	Distrib./Undistrib. Income/ (Loss) from Subsidiaries	
21	Interest Expense	
22	Other Deductions	
23	Extraordinary Items (Net)	
24	Total Other Income & Expense	(add lines 18 thru 23)
25	Net Income before Federal Income Taxes	(line 17 & line 24)
26	Federal Income Taxes	
27	Net Income/ (Loss)	(line 25 minus line 26)

Schedule 6A - Revenues

Instructions: Classify revenues reflected in your books of account for the year into the below-listed categories.

Line No.	Account	Regulated Revenue	Non-Regulated Revenue	Total Company Solid Waste Revenue
	(a)	(b)	(c)	(d)
Garbage Collection				
1	Residential Collection	_____	_____	_____
2	Commercial Collection	_____	_____	_____
3	Drop Box/Compactor Collection	_____	_____	_____
4	Drop Box/Comp. Pass Thru Disposal	_____	_____	_____
5	Other Garbage Collection	_____	_____	_____
Recycling, Yard Waste, and Medical Waste				
6	Residential Recycling Collection	_____	_____	_____
7	Multi-Family Recycling Collection	_____	_____	_____
8	Sale of Recycle Commodities	_____	_____	_____
9	Yardwaste Collection	_____	_____	_____
10	Medical Waste Collection	_____	_____	_____
11	Other Revenue	_____	_____	_____
12	Total Solid Waste Operating Revenue	=====	=====	=====

Schedule 6B - Customers

Instructions: Provide the requested information for each customer classification as of year end.

Line No.	Customer Classification	Number of Regulated Customers	Number of Non-Regulated Customers	Total Solid Waste Customers
	(a)	(b)	(c)	(d)
Garbage Collection				
13	Residential Collection	_____	_____	_____
14	Commercial Collection	_____	_____	_____
15	Drop Box & Compactors	_____	_____	_____
16	Other Garbage Collection	_____	_____	_____
Recycling, Yard Waste, and Medical Waste				
17	Residential Recycling	_____	_____	_____
18	Multi-Family Recycling	_____	_____	_____
19	Yardwaste Collection	_____	_____	_____
20	Medical Waste Collection	_____	_____	_____
21	Other Customers	_____	_____	_____

SCHEDULE 7: Regulated Recycle and Yard Waste Programs

Attach additional sheets if necessary.

7A: Summarize your Regulated RESIDENTIAL Recycle program separately by commodity.

	<u>Commodities</u>	<u>Annual Tonnage</u>	<u>Commodity Revenue</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total	_____	_____	_____

7B: Summarize your Regulated MULTI-FAMILY Recycle program separately by commodity.

	<u>Commodities</u>	<u>Annual Tonnage</u>	<u>Commodity Revenue</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total	_____	_____	_____

7C: Summarize your Regulated Residential YARDWASTE program:

Yardwaste
Annual Tonnage: _____

Schedule 8
City Contracts

Instructions: List each city the respondent has had a contract with any time during the reporting year.
Place an "X" in each customer classification to which the contract applies. Attach additional sheets if necessary.

Line No.	City (a)	Residential Garbage (b)	Residential Recycling (c)	Residential Multi-Family Recycling (d)	Residential Yardwaste (e)	Commercial Garbage (f)	Dropbox & Compactors Garbage (g)	Total Contract Revenue (h)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36	Total City Contract Revenue Column (h):							\$	

Schedule 9A - Garbage Disposal Fees

Instructions: If the respondent does not have the exact number of tons/yds. by category, make a reasonable estimate.
 Attach additional sheets as necessary. Total Pass Through Expense here should equal Total Pass Through Revenue in Schedule 6A.

Line No.	Residential & Commercial			Pass Through			Total Disposal Fees
	Unit Type	No. of Units	\$ Expense	Unit Type	No. of Units	\$ Expense	\$
	(a)	(b)	(c)	(d)	(e)	(f)	(g) = (c) + (f)
Site A (Specify): _____				Basic MSW Disp. Fee \$ _____ per _____			(Unit)
1	Tons	_____	_____	Tons	_____	_____	_____
2	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
3	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
4	Other	██████████	_____	Other	██████████	_____	_____
Site B (Specify): _____				Basic MSW Disp. Fee \$ _____ per _____			(Unit)
5	Tons	_____	_____	Tons	_____	_____	_____
6	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
7	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
8	Other	██████████	_____	Other	██████████	_____	_____
Site C (Specify): _____				Basic MSW Disp. Fee \$ _____ per _____			(Unit)
9	Tons	_____	_____	Tons	_____	_____	_____
10	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
11	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
12	Other	██████████	_____	Other	██████████	_____	_____
Site D (Specify): _____				Basic MSW Disp. Fee \$ _____ per _____			(Unit)
13	Tons	_____	_____	Tons	_____	_____	_____
14	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
15	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
16	Other	██████████	_____	Other	██████████	_____	_____
Site E (Specify): _____				Basic MSW Disp. Fee \$ _____ per _____			(Unit)
17	Tons	_____	_____	Tons	_____	_____	_____
18	Loose Yds.	_____	_____	Loose Yds.	_____	_____	_____
19	Compact Yds.	_____	_____	Compact Yds.	_____	_____	_____
20	Other	██████████	_____	Other	██████████	_____	_____
21	Sub Total This Page						

Schedule 9B - Other Disposal and Processing

Instructions: If the respondent does not have the exact number of tons/yds. by category, make a reasonable estimate.

Attach additional sheets as necessary.

Line No.	Category	Processing / Disposal Site	No. of Units		Disposal/ Processing \$ Expense
			Tons	Yds.	
			(c)	(d)	
	(a)	(b)			(e)
22	Residential Recycling				
23					
24					
25					
26					
27	Multi-Family Recycling				
28					
29					
30					
31					
32	Other Recycling				
33					
34					
35					
36					
	Yard Waste				
37					
38					
39					
40					
41					
	Medical Waste				
42					
43					
44					
45					
46					
47	Other Disposal/Processing				
48					
49					
50					
51					
52	Total All Disposal and Processing - Sched. 9B, Lines 22 (e) through Line 51 (e)				
	+ Sched. 9A, Line 21 (g)				

Schedule 10
Total Company Employee Classification and Compensation

Line No.	<u>Employee Classification</u>	Number of <u>Employees</u>	<u>Salary/Wages</u>
1.	Drivers and Helpers	_____	\$ _____
2.	Mechanics and Service	_____	_____
3.	Disposal and Transfer	_____	_____
4.	Office and Administration	_____	_____
5.	Officers and Directors	_____	_____
6.	Other	_____	_____
6.	Totals	=====	=====

REGULATORY FEE CALCULATION SCHEDULE

Company Name _____ Annual Report Year 2003

In accordance with RCW 81.77.080 "Regulatory Fees", the Commission requires Solid Waste companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate operating revenue from operations for the preceding year and pay to the Commission a fee as instructed below.

1 Total Gross Intrastate Operating Revenue **					1 \$
2 Less Non Fee-Paying Revenue (from line 15 below)					2 \$
3 Balance-Adjusted Gross Intrastate Operating Revenue (subtract line 2 from 1)					3 \$
4 Regulatory Fee Calculations:					4
4a If line 3 is UNDER \$2,000, Enter ZERO (Filing ZERO indicates schedule is complete)					4a \$
4b If line 3 is BETWEEN \$2,000 and \$5,000-minimum fee due is \$20.00					4b \$
(Filing BETWEEN \$2,000 and \$5,000 indicates schedule is complete. If filing after May 1st go to Line 6)					
4c If line 3 is OVER \$5,000-enter amount from line 3		4c		x .4 % (.004) =	
5 Total Regulatory Fees owed (add lines 4a, 4b, and 4c)					5 \$
Agency Use Only					
271					
Complete Lines 6 through 9 if filing after May 1st					
6 Penalties on Regulatory Fees filed after May 1st					6
6a Total Penalties on Regulatory Fees owed - enter amount from line 5	6a		x 2 % (.02) =		6a \$
7 Interest on Regulatory Fees filed after May 1st					7
7a Amount from line 5 _____ x Number of months past May _____ x 1% (.01) =					7a \$
8 Total Penalties and Interest owed (add lines 6a and 7a)					8 \$
Agency Use Only					
271					
9 Total Regulatory, Penalty and Interest Fees Due (add lines 5 and 8)					9 \$

** Note: Gross Washington intrastate operating revenue is defined as all revenue collected for the year from rates under tariffs on file at the Washington Utilities and Transportation Commission. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, subscriber/aggregator commissions or the payment of site charges and state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.

NON FEE-PAYING REVENUE

	Description	Amount
10.		\$
11.		
12.		
13.		
14.		
15.	Total Non Fee-Paying Revenue	