







## **Texas Excess Motor Carrier Fines**

c. Identification number	t of Public Safety as ou	scal Year ending	e.			
c. Identification number	d. Report for Fis	scar rear ending	e.	ff any inform	ation proprinted on	
				_	ation preprinted on ncorrect, cross out	
Name and mailing address				the incorrect	the incorrect information and	
				write in the c	orrect information.	
				g.	h.	
nder Chapters 552 and 559, Government xceptions in accordance with Ch. 552, Gove none numbers listed on this form.						
You may retain up to 1109	% of the costs of en	nforcement from fi	nes collected	on motor carrier vi	iolations.	
ny money in excess of 110% must b following the end of your fiscal year, This return must		ne total amount of	f motor carrier	fines collected du	ring the fiscal yea	
This return must	. De med even ii no	7 amount is due.	[Transportat	1011 Code 044. 102]		
Fiscal year begins (Month, year)		ends	(Month, year)			
1. Total expenses to enforce moto	r carrier violations f	rom <i>previous</i> fisc	al year			
(Taken from audit required by Local G	overnment Code)			1		
O.M. Kalinana at a disamban Alin A	40			0		
2. Multiply amount on Item 1 by 1.10 (110%)				2	2	
3. Total motor carrier fines collected	ed this fiscal year			3. ■		
(If Item 3 is greater than Item 2, th	en please complete th	is report and remit th	ne amount on Ite	m 6.)		
4. Enter amount exceeded (Item 3 minus Item 2)				4		
5. Excess motor carrier fines due this year (Enter 0.00 if Item 2 is greater than Item 3)					5. <b>=</b>	
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* * * DO NOT DETA	CH * * *					
6. TOTAL AMOUNT DUE AND PA	AVARIE (Samo as It	om 5)		6 ■		
0. TOTAL AMOUNT DOL AND TA	— (Same as its	=======================================				
Name			i.		j.	
T Code ■ Identification no.	■ Period					
		I, (type or print name	•		certify that th	
		Information above is	true as shown in the	e records of the treasurer	or the city or county name	
or assistance, call 1-800-531-5441, ext. 3-42	276, or 512-463-4276.	Authorized	d agent			
		sian k	d agent			
For assistance, call 1-800-531-5441, ext. 3-42  Complete this report and make the amount in STATE COMPTROLLER	n item 6 payable to:		d agent	Date		

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Austin, TX 78714-9361