Instructions – use this form to request a Hub Facility exemption. Email the completed form and supplemental documents to the Wisconsin Department of Revenue (DOR) Manufacturing & Utility Bureau Director's Office at <u>utility@wisconsin.gov</u>. For more information on Hub Facilities, review state law (sec. 70.11(42), Wis. Stats.).

Questions? - if you have questions on filing this form, contact the Manufacturing & Utility Bureau Director's Office at utility@wisconsin.gov.

Section 1: Company / Contact Information					
Company name	ompany name			Contact name / title	
					-
Mailing address				Phone (Fax
City State Zip			Zip	C / Email	
city		State	Zib		
Section 2: Preparer Information					
Preparer name / title Company name					
Mailing address				Phone	Fax
				()	()
City		State	Zip	Email	
Section 3: Hub Facility Description					
Hub Types: (check the one that applies)					
70.11(42)(a)2.a. – A facility at an airport from which an air carrier company operated at least 45 common carrier departing flights					
each weekday in the prior year and from which it transported passengers to at least 15 nonstop destinations, as defined by rule by the department of revenue, or transported cargo to nonstop destinations, as defined by					
rule by the department of revenue.					
70.11(42)(a)2.b. – An airport or any combination of airports in this state from which an air carrier company cumulatively operated at least 20 common carrier departing flights each weekday in the prior year, if the air carrier company's					
headquarters, as defined by rule by the department of revenue, is in this state.					
Section 4: Required Documents					
You must submit the following documents with this form:					
Flight schedules					
Weekday departure counts from the Wisconsin airport claimed as a hub					
Proof company headquarters is located in Wisconsin					
Other					
Section 5: Preparer Signature Statement					
<i>I</i> , the undersigned, declare under penalties of law that I have personally examined this form and supplemental documents. To the best of my knowledge and belief they are true, correct and complete.					
Preparer Sign Here	Name (please print)				
	Signature				
	Company or title				Date