

## Fax or Mail Only - DO NOT EMAIL

RESET

University of Central Florida

Request for Taxpayer Identification, Certification, and Electronic Payment Authorization (ACH)

(Substitute for IRS Form W-9)

Individuals - Fax completed form to: 407-882-1067  1 Name (as shown on your income tax return). Name is required on this line;	do not leave this		Other Entities -	Fax completed form to: 407-823-5551
2 Business name/disregarded entity name, if different from above				
3 Check appropriate box for federal tax classification (required):  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)  Other (see instructions)				4 Exemptions (codes only apply to certain entities, not individuals; see instructions)  Exempt payee code (if any)  Exemption from FATCA reporting code (if any)  (Applies only to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.)  6 City, state, and zip code				Requester's name and address University of Central Florida 12424 Research Parkway, Suite 300
7 List account number(s) here (optional)				Orlando, FL 32826
8 Are you or any of your controlling members current or former employees of the University of Central Florida?  Yes  No  If yes, please provide name and position at the University.				
9 Please check all that apply to your business:  Are you certified?  Small Business  Veteran-Owned Business Enterprise Yes  Minority-Owned Disabled Veteran-Owned Business Enterprise No If yes, please provide a cor				Women-Owned  of the certification with this W-9
Are you certified? Yes No If yes, please provide a copy of the certification with this W-9.  Part I Taxpayer Identification Number (TIN)				
to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions. For other entities, it is your employer identification number (SIN). If you do not have a number, see How to get a TIN on page 4 of the instructions.			Social security n  Employer identifi	
Part II Contact Information			,	
Primary Vendor Contact	Title	Title		
Tax Correspondence Address		Remittance Address if Different		
Phone Number	Fax Number	Fax Number		
Email Address				
Part III Electronic Payment Authorization (ACH)				
Account Requested (Check only one) (1) Start (3) Stop (2) Change (4) Name Change Only	Account Type (Check only one) (1) Checking (2) Savings		THIS FORM MUST BE SIGNED AND DATED BY AUTHORIZED SIGNOR ON ACCOUNT.	
Account Number	Financial Inst	Financial Institution Transit Routing #		
Signature below signifies acceptance of the terms and conditions in the AGREEMENT in Part III, Page 4 of the instructions.	Name Phone#			
Part IV Certification				
Under penalties of perjury, I certify that:  1. The number shown on this form is my correct taxpayer identification number 2. I am not subject to backup withholding because: (a) I am exempt from backup		a number to be issued to me		_
withholding as a result of a failure to report all interest or dividends, or (c) the  3. I am a U.S. citizen or other U.S. person (see instructions); and  4. The FATCA codes entered on this form (if any) indicating that I am exempt fr  Certification instructions. You must cross out item 2 above if you have been notified by t your tax return. For real estate transactions, item 2 does not apply. For mortgage interest parrangement (IRA), and generally, payments other than interest and dividends, you are not	p withholding, or (b IRS has notified m rom FATCA reporting the IRS that you are paid, acquisition or	e that I am no longer subject ng is correct. e currently subject to backup abandonment of secured pro	to backup withholding, an withholding because you perty, cancellation of deb	nd  I have failed to report all interest and dividends on ot, contributions to an individual retirement

Per Florida Statute 119.71(5), UCF is required to notify individuals of the circumstances that require or authorize the collection and use of social security numbers ("SSN"). UCF is requesting the information above, as required for income tax reporting purposes.