



State of Florida

Chief Financial Officer
Department of Financial Services
Bureau of Accounting
200 East Gaines Street
Tallahassee, FL 32399-0354
Telephone: (850) 413-5519 Fax:(850) 413-5550

Substitute Form W-9

In order to comply with Internal Revenue Service (IRS) regulations, we require Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested.

Taxpayer Identification Number (FEIN): 59-2924021
IRS Name: THE UNIVERSITY OF CENTRAL FLORIDA BOARD

Address: 12424 RESEARCH PARKWAY, SUITE 300
ORLANDO, FL
32826-0000

Attention Of: TRACY CLARK
In Care Of: TRACY CLARK

Business Designation: Government Entity

Certification Statement:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information **AND**
2. **I am not** subject to backup withholding because:
 - (a) I am exempt from backup withholding **or**
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, **or**
 - (c) the IRS has notified me that I am no longer subject to backup withholding **AND**
3. I am a U.S. citizen or other U.S. person (including U.S. resident alien)

Preparer's Name: JOEL LEVENSON
Preparer's Title: ASSISTANT CONTROLLER
Phone: 407-882-0235
Email: joel.levenson@ucf.edu

Date Submitted: 06/04/2015

Note: The above name was limited to 40 characters by the Florida Vendor System. The full legal name of the university is, "The University of Central Florida Board of Trustees."



**University of Central Florida
Request for Taxpayer Identification and Certification
(Substitute for IRS Form W-9)**

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification (required): Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____ Other (see instructions)	Exemptions (see instructions) Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.)	Requester's name and address University of Central Florida 12424 Research Parkway, Suite 300 Orlando, FL 32826
City, state, and zip code	
List account number(s) here (optional)	
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.	
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 copy of the certification with this W-9.	Women-Owned

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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 (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 4 of the instructions. Note. If the account is in more than one name, see the chart in the instructions for guidelines on whose number to enter.	Social security number Employer identification number
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Part II Contact Information

Primary Vendor Contact	Title
Tax Correspondence Address	Remittance Address if Different
Phone Number	Fax Number
Email Address	

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (see instructions).
4. The FATCA codes entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions.

Signature of U.S. person	Date
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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.