

Before you Begin

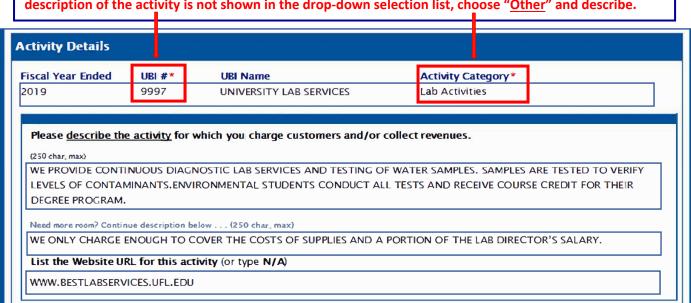
- ▶ Allow about 15 minutes to complete this form.
- ▶ Submission instructions are at the bottom. You can choose to answer all the questions now or save your progress and return later. In either case, you will be emailed a link to the form for your reference.

Form # Form Status 46 COMPLETED Form # - is automatically assigned and cannot be changed.

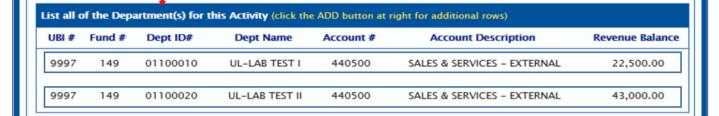
Form Status - shows where the form is in the certification process.

Activity Details

Activity Details Section – specifies UBI Number and Activity Category. UBI # is a unique department identifier. Activity Category - describes revenue generated in the selected department/account. If the description of the activity is not shown in the drop-down selection list, choose "Other" and describe.



Departments/Accounts section - lists departments and accounts related to the activity specified above.

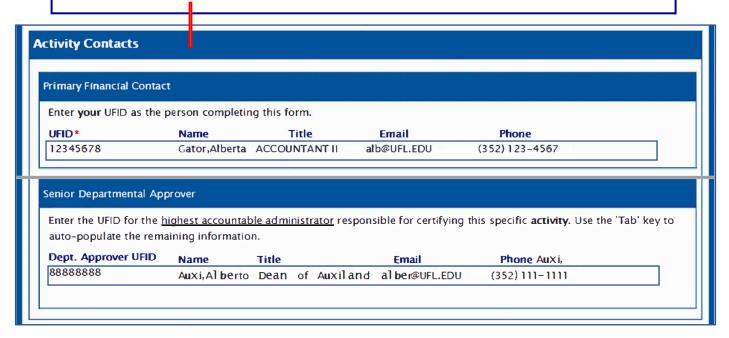






Activity Contacts

Activity Contacts – specifies UFID Number (8 digits) for the person completing the Form (Primary Financial Contact) and the person certifying the form (Senior Departmental Approver).



UBI Annual Questionnaire-Section I

Annual Questionnaire – for detailed explanation of each question, see Auxiliary/EBA website at http://www.fa.ufl.edu/directives/ubi-questionnaire-and-certification/

	UBI Annual Questionnaire			
	Please answer ALL of the following questions.			
SECTION I – GENERAL INFORMATION				
	1. Is this activity "regularly carried on"? 1a. How often does this activity occur during a typical year and for what duration? (Describe in detail)			
(250 char. max) * APPROXIMATELY EVERY OTHER MONTH (6–7 TIMES ANNUALLY)				
	2. Does the department have a <u>profit motive</u> in conducting this activity? NO			
	3. Does this activity contribute importantly to UF's tax-exempt educational and/or research purposes and mission ?			





UBI Annual Questionnaire-Section I

Customer Categories – break down the revenues for FY2019 for the selected Activity by each customer category (percentage estimate). For customer category definitions, please see the Auxiliary/EBA website at http://www.fa.ufl.edu/directives/ubi-questionnaire-and-certification/

Customer Categories: Percentages n	nust total to 100%	
4. Identify the percentage of revenue whole number. (If none, please enter	ues attributable to all of the custome er "0")	r groups listed to the nearest
% Academic Orgs/Other Universities 20	% Gen Public/Corporations 20	% UF Departments 60
% UF Faculty/Staff, Students, or Patients 0	% UF Alumni 0	% UF Affiliates/DSO's
		Total Percentage (must equal 100)
		100

Credit card activity – if the activity accepts credit cards, list all credit card providers used. If the name of your provider is not shown in the selection list, choose "Other" and add the name of the provider(s).

_				
		dit cards for this activity?		YES
	5a. Credit Card Prov	vider(s) – Click the ADD button i	et right to list additional provide	ers
		Provider *		
		CASH NET		
		I-PAY		
		OTHER	Enter Other Provider	
	6. Do you charge sal	es tax for the activity?		NO





UBI Annual Questionnaire-Section II

Please visit our "UBI Exclusions" webpage for assistance with questions on section II http://www.fa.ufl.edu/directive-categories/unrelated-business-income-tax/

	SECTION II - POTENTIAL EXCLUSIONS	
Î	7. Does this activity provide UF students with direct education or an educational experience?	YES
	8. Is this activity primarily conducted by a <u>volunteer workforce</u> of 85% or more ?	NO
	9. Is this activity conducted as part of Student Government?	NO
	10. Is this activity generating revenues from University—conducted research?	YES
	11. Is this activity the routine testing or inspection of products, such as for quality control?	NO
	12. Is this activity generating revenues from the sale of animals or byproducts of UF-conducted research?	NO

UBI Annual Questionnaire-Section III

Section III- reviews UBI transactions related to rental/license services. If your activity does not generate revenue from rental/licensing, please answer no on Question 13, and skip to section IV.

SECTION III - RENT'AL/LICENSE INCOME	
13. Is this activity generating revenues from rental/lease/licensing of either real or tangible personal property?	YES
14. Select the type of property that is being rented/leased/licensed.	
BOTH REAL PROPERTY AND TANGIBLE PERSONAL PROPERTY	
15. Are any services provided by UF or the department in relation to the rental/lease/license?	YES
15a. Describe the services provided.	
(250 char. max) *	
WE OFFER DELIVERY SERVICE WITH OUR MACHINE RENTALS.	
16. Is the rental/lease/license payment calculated based on a percentage of profit ?	NO
17. Is this activity generating revenues from the use of sleeping/lodging facilities ?	NO





UBI Annual Questionnaire-Section IV

Section IV – reviews the revenue generated from the sale of commercial advertisement/sponsorship. If the unit has this type of revenue, a description of the advertisement/sponsorship activity is required.

SECTION IV - ADVERTISING / SPONSORSHIP INCOME	
18. Is this activity generating revenues from advertising?	YES
18a. Describe how the revenue is being generated from advertising.	
(250 char, max) *	1
THERE IS ADVERTISING ON THE SIDE OF OUR MACHINE.	l
19. Is this activity generating revenues from a sponsorship?	YES
19a. Describe how the revenue is being generated from sponsorship.	
(250 char. max) *	ı
WE HAVE SOME SPONSORS IN CONDUCTING OUR RESEARCH.	

Section IV, question 20 – departmental determination of the income classification for UBI.

20. Based on your responses to this questionnaire, do you believe that you have reportable unrelated business income subject to taxation?

YES

Questions? Contact us

Auxiliary/EBA Office#: 352-294-7273

E-mail: ubi-tax@ad.ufl.edu

ListServ: TAX_SERVICES-L

UBI Certification Website: http://www.fa.ufl.edu/directives/ubi-questionnaire-and-certification/

