

Unrelated Business Income (UBI) Questionnaire & Certification



BEFORE YOU BEGIN:

UBI Website and Additional Resources:

<https://www.fa.ufl.edu/directives/ubi-questionnaire-and-certification/>

- ▶ 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
250100 NOT SUBMITTED

Form # is automatically assigned and cannot be changed.

Form Status tells where the form is in the certification process.

Activity Details

Fiscal Year Ended 2025	UBI #* 9999	UBI Name* TEST FORM FOR UBI	Activity Category* Store/Merchandise/Crop Sales
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FSEA/UBI# is a unique identifier for the activity.

Activity Category describes the type of activity generating the revenue reported on this form.

List all of the Department(s) for this Activity (click the ADD button at right for additional rows)

UBI #*	Fund#*	Dept ID#*	Dept Description*	Flex Code*	Account #*	Account Description*	GL Balance*	Dept Reported Revenue
Select the cost center(s) and revenues to certify for the Activity Category reported on this form.								
9999	144	14200800	IT-AT LEARNING SPACES SUPPORT	N/A	440500	SALES & SERVICES - EXTERNAL	9,111.15	

Are any of the revenues reported above from a foreign (non-U.S.) source ?

You must respond whether any of the reported revenues on this form are from a foreign source.

YES

Please estimate the foreign income amount:

LESS THAN \$10,000

If yes, select one of the three dollar ranges from the drop-down menu.

Please describe the activity for which you charge customers and/or collect revenues.

(250 char. max) **Provide as much detail as possible.**

SALES OF SOFTWARE PROGRAMS TO SOME EXTERNAL UNIVERSITIES

Need more room? Add it here...(250 char. max)

List the Website URL for this activity (or Enter "N/A")

-TEST.ITSALES.COM

Activity Contacts

Primary Financial Contact

Enter **your** UFID as the person completing this form. **Identify the Primary Contact UFID who is completing this form.**

UFID *	Name *	Title	Email *	Phone
99887766	Gator,Albert	University Mascot	GAATOR@UFL.EDU	(352)999-9999

Certifier

Enter the UFID for the highest accountable administrator responsible for certifying this specific **activity**. Use the 'Tab' key to auto-populate the remaining information.

Certifier UFID	Name	Title	Email	Phone
99887766	Gator,Albert	University Mascot	GAATOR@UFL.EDU	(352)999-9999

Identify the Certifier UFID (Highest Accountable Administrator), usually Dean, Dept. Chair, or Director level.

UBI Annual Questionnaire

Please answer **ALL** of the following questions.

**** IMPORTANT ****

If you are adding or updating information to the Certification form, please remember to click the "SAVE" button at the bottom of form **BEFORE** closing your session or executing a task at the top of the form.

- 1) **Form originators** (Primary Financial contacts): You can save work to a partially completed form prior to final submission. A form link is sent via email to return to the unsubmitted form.
- 2) **Revisions or Dept. Approvals:** Please remember to save the form changes **BEFORE** selecting "Revisions made" or other certification actions at the top of the screen.

All of the following questions must be answered in order to submit the form for approval.

SECTION I – GENERAL INFORMATION

1. Is this activity "regularly carried on" ? NO

1a. *How often* does this activity occur during a typical year and for *what duration*? (Describe in detail)

(250 char. max) *

SALES OCCUR FOR ONE WEEK IN THE FALL AND SPRING SEMESTERS

2. Does the department have a profit motive in conducting this activity ? NO

3. Does this activity contribute importantly to UF's tax-exempt educational and/or research purposes and mission ? YES

4. Identify the percentage of external revenues reported on this form for each customer group listed below. (Enter to the nearest whole number and if none, enter "0".)

Customer Categories: Percentages must total to 100%

% UF Faculty/Staff, Students, or Patients (Paid in a Personal Capacity) 0	% UF Alumni 0	% UF Departments (Internal Billing) 0
% Academic Orgs/Other Universities 100	% Gen Public/Corporations 0	% UF Affiliates/DSO's 0
Identify the percentage of revenues reported on this form by Customer Categories. The total must equal 100%		Total Percentage ✓ (must equal 100) 100

5. Do you accept credit cards for this activity ? YES

5a. Credit Card Provider(s) – *Click the ADD button at right to list additional providers*

Provider *

PAYPAL

6. Do you charge sales tax for the activity ? NO

SECTION II – POTENTIAL EXCLUSIONS

- | | |
|--|-----|
| 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 generating revenues from University–conducted research ? | NO |
| 10. Is this activity the routine testing or inspection of products , such as for quality control ? | NO |
| 11. Is this activity generating revenues from the sale of animals or byproducts of UF–conducted research ? | NO |

SECTION III – RENTAL/LICENSE INCOME

- | | |
|--|----|
| 12. Is this activity generating revenues from rental/lease/licensing of either <u>real or tangible personal property</u> ? | NO |
|--|----|

Additional questions must be answered if the answer to #12 is "YES."

**** SKIPPING AHEAD TO QUESTION #17 ****

SECTION IV – ADVERTISING / SPONSORSHIP INCOME

- | | |
|--|----|
| 17. Is this activity generating revenues from <u>advertising</u> ? | NO |
| 18. Is this activity generating revenues from a <u>sponsorship</u> ? | NO |
| 19. Based on your responses to this questionnaire, do you believe that you have reportable unrelated business income subject to taxation? | NO |

FORM SUBMISSION

Use the **Ready to Submit?** selection box below to choose a submission option:

1. If all questions have been answered and the form is ready to submit to your specified approver, select "YES" and then click the "Submit for Approval" button.
2. If you need to save the form so you can return to complete it later, select "NO" and then click the "SAVE" button.

Ready to Submit ?*

NO **Respond "No" here to Save for later or "Yes" to Submit your form for approval.**

Attachments

Add attachments for additional information.

Questions? Please contact us for assistance:
Auxiliary / FSEA Office (352)294-7236

E-mail: ubi-tax@ad.ufl.edu
ListServ: TAX_SERVICES-L