Florida International University - Miami's Public Research University
Business and Finance - Controller's Office
Request for Taxpayer Identification and Certification
(Substitute for IRS Form W-9)

Legal Name________________________________________________________________________________________________________________

Business Name, if different from Above_________________________________________________________________________________________

Check Appropriate Box:

_______ Individual/Sole Proprietor      _______Corporation  _______ Limited Liability Company       ______Partnership

_______ Association/ Estate/ Trust     _______ Tax-Exempt Organization (501C)     _____Government    ______ Other __________________________

Nonresident Alien (Do not use this form, use the appropriate W-8 or Contact the Controller’s Office-Tax Section @ (305) 348-6764).

Address (number, street, and apt or suite no.) ______________________________________________________________________________________

City, State and Zip Code________________________________________________________________________________

Part I- Taxpayer Identification Number (TIN)

<table>
<thead>
<tr>
<th>Social Security Number SSN</th>
<th>Employer Identification Number EIN</th>
<th>Individual Taxpayer Identification Number ITIN</th>
</tr>
</thead>
</table>

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). For other entities, it is your Employer Identification Number (EIN).

Part II – Exemption

If exempt from 1099 reporting, Check here ___ and circle your qualifying Exemption reason

Below:

__ 1. Corporation, expect there is no exception for medical and healthcare payments or payments for legal services.
__ 2. Tax exempt Charity under 501(a) or IRA
__ 3. The United States or any its agencies or instrumentalities
__ 4. A state, the District of Columbia, a possession of the United States, or any of their political Subdivision
__ 5. A foreign government or any of its political subdivisions

Part III- Supplement Information

Provider type of services:

___ Rents or royalty payments; prizes and award that are not services, such as winning on TV or radio shows.
___ Payments to crew members by owners or operators of fishing boats including payments of proceeds from sale of catch.
___ Payments to a physician, physicians’ corporation, or other supplier of health and medical services. Issued mainly by medical assistance programs or health and accident insurance plans.
___ Payments for services performed for a trade or business by people not treated as its employees. Examples: fees to subcontractors or directors and golden parachute payments.
___ Gross proceeds paid to attorneys.
___ Payments for accounting and/or C.P.A. services.

Part IV-Certification

Under the penalties of perjury, I certify that:

1. The number shown on this for, is my correct taxpayer identification number (or I am writing for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am except 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. person (including a U.S. resident alien).

The Internal Revenue Services does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Signature: ________________________________ Date: ________________________________

Name of Individual Completing this Form: ________________________________ Title: ________________________________

Telephone Number: ________________________________ E-mail address: ________________________________

Rev 07/12/2007