Agence des douanes et du revenu du Canada

REQUEST FOR A BUSINESS NUMBER (BN)

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Complete this form to apply for a Business Number (BN). If you are a sole proprietor with more than one business, your BN will apply to all your businesses. **All businesses have to complete parts A and F**. For more information, see our pamphlet called *The Business Number and Your Canada Revenue Agency Accounts (RC2)*. If you have questions, including where to send this form, call us at 1-800-959-5525.

Note: If your business is in the province of Quebec and you wish to register for GST/HST, do not use this form. Contact Revenu Québec. However, if you wish to register for any of the other three accounts listed below, complete the appropriate parts indicated in the following instructions.

- To open a GST/HST account, complete parts A, B, and F
- To open a payroll deductions account, complete parts A, C, and F.
- To open an import/export account, complete parts A, D and F.

	To open a corporate	income tax	accoun	it, complete pa	rts A, E an	d F.					
Par	Part A – General information										
A1	A1 Identification of business (For a corporation, enter the name and address of the head office.)										
Nam	Operating, trading, or partnership name (if different from the name on the left). If you have more than one business, or if your business operates under more than one name, enter the name(s) here. If you need more space, include the information on a separate piece of paper.										
Busii	Business address (This must be a physical address, not a post office box.) Postal or zip code										
	ing address (if differe			,							Postal or zip code
ident	Contact person – Complete this area to identify an employee of your business as your contact person in all matters pertaining to your BN accounts. To identify a person for specific accounts, complete the "Contact Person" lines in Area B1, C1, D1, or E1. To authorize a representative who is not an employee of your business, complete Form RC59, <i>Business Consent Form</i> . See our pamphlet for more information.										
First	name	Last nam	ıe		Title			1	Telephone number	Fax	number
								()	()
A2	Client ownershi	p type	\Box	Languaç	ge of corres	pondence	English _] Fi	rench	<u> </u>	,
	Individual If s	so, are you a	sole pr	oprietor? Yo	es 🗌 1	No 🗆	Are you an em	nploy	er of a domestic? Yes	s 🗆	No 🗆
	Partnership										
	Other Are y	you incorpora	ated?	Yes N	o 🗌 (A	dl corporati	ions have to prov	vide a	a copy of the certificate	of incorp	ooration or amalgamation.)
spac		rmation on	a sepa	rate piece of p	paper. The	Social Ins	surance Number	r is n	nandatory for individu		ness. If you need more e proprietors) applying
First	name	I	Last na	me					Work telephone r	number	Work fax number
Title						Social inc	surance number		Home telephone	numbar	
First										number	Home fax number
1 1100	name	l	Last na	me				1	Work telephone r		Home fax number () Work fax number ()
Title			Last na	ime			surance number		()	number	()
Title						Social ins	surance number		Work telephone r	number	Work fax number
				nme	st describe	Social ins	surance number		Work telephone r	number	Work fax number
Title					st describe	Social ins	surance number		Work telephone r	number	Work fax number
Title	Type of operatio	on Check		s below that be	st describe	Social ins	surance number		Work telephone r () Home telephone	number number	Work fax number Home fax number
Title	Type of operation Charity	On Check to Union Hospital	the box	s below that be	st describe	Social ins	surance number		Work telephone r () Home telephone () University/school	number number	Work fax number () Home fax number ()
A3 Clear	Type of operation Charity	Union Hospital cial activity najor busines	the box	s below that be	st describe	Social ins	surance number		Work telephone r () Home telephone () University/school	number number	Work fax number () Home fax number ()
Title A3 Clear A4 Clear	Type of operation Charity Society Major commerce arly describe your mixity. Give as much on the space provided.	Union Hospital cial activity najor busines detail as poss	the box	s below that be	st describe	Social ins	surance number		Work telephone r () Home telephone () University/school	number number	Work fax number () Home fax number ()
Title A3 A4 Clea actir in the Spee you	Type of operation Charity Society Major commerce arly describe your mixity. Give as much on the space provided. Society Major commerce arly describe your mixity. Give as much on the space provided.	Union Hospital cial activity najor busines detail as poss	the box	s below that be	st describe	Social ins	surance number		Work telephone r () Home telephone () University/school	number number	Work fax number () Home fax number () funicipal government lone of the above
Title A3 Cleacactirin the specific services of the services	Type of operation Charity Society Major commerce early describe your mixity. Give as much of the space provided.	Union Hospital cial activity najor busines detail as poss n products the contract. Alse	the box	s below that be	st describe	Social ins	surance number		Work telephone r () Home telephone () University/school	number number	Work fax number () Home fax number () funicipal government lone of the above



A5 GST/HST information – For more information, see our pamphlet called <i>The Business Number and Your Canada Revenue Agency Accounts (RC2)</i> .								
Do you provide or plan to provide goods or services in Canada or to export outside Canada? If no , you generally cannot register for GST/HST. However, certain businesses may be able to register. See our pamphlet for details.								
Are your annual worldwide GST/HST taxable sales, including those of any associates, more than \$30,000 (\$50,000 if you are a public service body)? If yes , you have to register for GST/HST.								
Note: Special rules apply to charities and public institutions. See our pamphlet for details. Do you solicit orders in Canada for prescribed goods to be sent by mail or courier to an address in Canada? Prescribed goods include printed materials such as books, newspapers, periodicals, magazines, and an audio recording that relates to those publications and that accompanies them when they are sent to Canada. Yes								
Do you operate a taxi or limousine service?		Yes □ No □						
Are you a non-resident who charges admissions directly to	audiences at activities or events in Canada?	Yes No N						
If you answer yes to either of these questions, you have to register for GST/HST, regardless of your revenue.								
Do you wish to register voluntarily? By registering voluntarily, you must begin to charge GST/HST and file returns even if your worldwide GST/HST taxable sales are \$30,000 or less (\$50,000 or less if you are a public service body). See our pamphlet for more information.								
Part B - GST/HST account information -								
•	ount (except for businesses in the province of Queb	pec.) See our pamphlet for details.						
Do you want us to send you GST/HST information?								
B1 GST/HST account identification – Check the box		ne under which you carry on business.)						
Mailing	Account name (onto all all all all all all all all all al	le under which you carry on business.,						
address for Address	,							
GST/HST purposes		Postal or zip code						
		. 33 5. 2						
Contact person – Complete this area to identify an employer representative who is not an employee of your business, co First name Last name	ee of your business as your contact person in all matters pert mplete Form RC59, <i>Business Consent Form.</i> See our pamp	taining to your GST/HST account. To authorize a oblet for more information. Language of correspondence						
Title	Telephone number	Fax number						
B2 Filing information		,						
enter your riscal year-end. er	nter December 31. If you want to select a scal year-end that is not December 31, see ur pamphlet for more information.	r the effective date of registration for GST/HST purposes. See our pamphlet for information about when you need to register for GST/HST.						
B3 Reporting period								
your associates). In the column on the left below, check the	assign you a reporting period based on your total estimated and both that corresponds to your estimated sales. In certain of the tour that corresponds to your choice. For more information							
Total estimated annual GST/HST taxable sales in Canada (including those of your associates)	Reporting period assigned to you, unless you choose to change it (see next column)	Options Options						
More than \$6,000,000 □	Monthly	No options available						
More than \$500,000 up to \$6,000,000 □	Quarterly	☐ Monthly						
\$500,000 or less	Annual	☐ Monthly or ☐ Quarterly						
Charities	Annual	☐ Monthly or ☐ Quarterly						
Financial institutions	Annual	☐ Monthly or ☐ Quarterly						
B4 Type of Operation								
04 Listed financial institution 08 Non-i	resident 09 Taxi or limousine operator	99 None of these types						
B5 Voluntary direct deposit routing information - The account holder identified below requests and authorizes the Minister of National Revenue to directly deposit into the account identified below, amounts payable to the account holder under Part IX of the Excise Tax Act.								
Complete the information area below or attach a blank cheque and write "VOID" across the front. This method provides a faster, more convenient, and dependable way of receiving refunds. The CRA will deposit your GST/HST refund into your bank account.								
Branch No.	Inst. No.	Account number						
Name(s) of account holder(s):								

Part C - Payroll deductions account information Complete C1 and C2 if you need a BN payroll deductions account.									
C1	C1 Payroll deductions account Check the box if the information is the same as in Part A1.								
Acco	ount name								
Addr	ess								
				Postal or zip code					
		c/o							
ac	lailing Idress payroll	Address							
	luctions			Postal or zip code					
Con	tact person	Longlete this area to identify an employee of your business as your contact person in all matters pertaining to your payroll dedu who is not an employee of your business, complete Form RC59, <i>Business Consent Form</i> . See our pamphlet for more information.	ctions accounts.	To authorize a					
First	name	Last name	Language of cor	·					
Title		Telephone number Fax number		Trench					
Do y	ou want us	to send you the New Employers Kit, which includes Payroll Deductions Tables and information? Yes	No 🗌						
<u> </u>		l information							
C2		e of payment are you making?							
a)	Pay	· · · <u> </u>							
b)	How often will you pay your employees or payees? Please check the pay period(s) that apply. Daily Weekly Bi-weekly Semi-monthly Monthly Annually Other (specify)								
c)	Will you o	design your own computer program for payroll purposes? Yes No If yes, do you need our payroll formulas? Y	′es						
d)) Do you want to receive the Payroll Deductions Tables? Yes No								
	If yes, sel	ect one of the following: Paper Diskette Compact disc (CD)							
e)	e) Do you use a payroll service? Yes No If yes, which one? (enter name)								
f)) What is the maximum number of employees you expect to have working for you at any time in the next 12 months?								
g)) When will you make the first payment to your employees or payees? Year Month Day								
h)	Duration	of business operation Year round Seasonal							
	If season	al, please check month(s) of operation.							
i)	If the bus	iness is a corporation, is the corporation a subsidiary or an affiliate of a foreign corporation? Yes No If yes, enter or	country:						
j)	Are you a	franchisee? Yes No If yes, enter the name and country of the franchisor:							

Complete D1	•	ort/export account for comr		noses. (You do not need to regist pration that requires an import/ex	· · ·	·			
D1 Impo	rt/export account identificati	on — Check the box if the i	nformation	is the same as in Part A1.					
Import/export a	ccount name								
Address									
						Postal or zip code			
Mailing	c/o								
address (if different	Address								
from above)						Postal or zip code			
Contact person representative	Complete this area to identify an who is not an employee of your bus	employee of your business as siness, complete Form RC59, E	your contact Business Cons	person in all matters pertaining to you sent Form. See our pamphlet for more	r import/export accounts. To a information.	uthorize a			
First name	Last name			Language of correspondence	☐ English ☐ Frenc	ch			
Title			Telephone n	umber	Fax number ()				
Do you want us	to send you import/export account	information? Yes	No 🗌						
D2 Import	export information								
Type of accou	nt: Importer Export	ter Both Meeting	, convention,	and incentive travel (MCIT)					
If you are appl	lying for an exporter account, you n	nust provide all of the following	information.						
Enter the type	of goods you are or will be exporting	ng.							
Enter the estin	nated annual value of goods you a	re or will be exporting	<u> </u>						
Part E – C	orporate income tax a	count information -	- Complete	E1 if you need a BN corporate in	ncome tax account.				
E1 Corpo	rate income tax account ide	ntification – Check the box	x if the infor	mation is the same as in Part A1	. 🗆				
	c/o								
Mailing address for corporate tax	Address								
purposes						Postal or zip code			
Contact perso representative	 n – Complete this area to identify a who is not an employee of your bu	n employee of your business as siness, complete form RC59, E	s your contact Business Cons	person in all matters pertaining to you sent Form. See our pamphlet for more	ur corporate tax accounts. To a information.	authorize a			
First name	Last name			Language of correspondence	English Fre	ench			
Title	I		Telephone r	number	Fax number				
corporate dire	ector, or an officer of your bus	iness. You are also authori	l gn this part zed to sign	You are authorized to sign this this form if, the CRA has on file	form if you are an individu a Form RC59, <i>Business C</i>	al, a partner, a consent Form,			
0,	ou as the company's represent		officer						
Name	or oneownerpartiter	corporate uncetor or	Joineer						
	First and last na	me (print)							
I certify tha	t the information given on th	nis form is, to the best of	my knowle	dge, true and complete.	Authorized Third-Part	ty Representative			
	Nama (nrint)	0.5							
	Name (print)	Signature	:	Title	Year	Month Day			