



### BUSINESS NUMBER (BN) – PAYROLL DEDUCTIONS ACCOUNT

Complete this form if you have a Business Number (BN) and you need a payroll deductions account. Complete a separate form for each additional payroll deductions account. If you need more information, see the pamphlet called *The Business Number and Your Canada Revenue Agency Accounts*. If you have questions, including where to send this form, call us at 1-800-959-5525.

<b>1 Identification of business</b> (For a corporation, enter the name and address of the head office.)																								
Name (For individuals and partnerships, enter first and last names.)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> </table> Enter your Business Number (BN) here.												Language <input type="checkbox"/> English <input type="checkbox"/> French										
Operating, trading, or partnership name (if different from name above): 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.																								
If you want to use a separate name for your payroll deductions account, enter that name here.																								
Business address – must be a physical address, not a post office box.				Postal or zip code																				
Mailing address (if different from business address)	c/o																							
	Address			Postal or zip code																				
Contact person – Complete this part to identify an employee of your business as your contact person in all matters pertaining to your account. To authorize an employee who does not work for your business, complete Form RC59, <i>Business Consent Form</i> . See our pamphlet for more information.																								
First name	Last name	Title	Telephone number (   )   (   )	Fax number (   )   (   )																				
Do you want us to send you the New Employers Kit, which includes <i>Payroll Deductions Tables</i> and information?      Yes <input type="checkbox"/> No <input type="checkbox"/>																								
<b>2 Major commercial activity</b>																								
Clearly describe your major business activity. Give as much detail as possible in the space provided.																								
Specify up to three main products that you mine, manufacture, or sell, or services you provide or contract. Also, estimate the percentage of revenue that each product or service represents.																								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"></td> <td style="width:20%; border-bottom: 1px solid black; text-align: right;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">%</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">%</td> </tr> </table>						%		%		%														
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<b>3 General information</b>																								
a) What type of payment are you making? <input type="checkbox"/> Payroll <input type="checkbox"/> Registered retirement savings plan <input type="checkbox"/> Registered retirement income fund <input type="checkbox"/> Other (specify) _____																								
b) How often will you pay your employees or payees? Please check the pay period(s) that apply. <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other (specify) _____																								
c) Will you design your own computer program for payroll purposes?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you need our payroll formulas?      Yes <input type="checkbox"/> No <input type="checkbox"/>																								
d) Do you want to receive the <i>Payroll Deductions Tables</i> ?      Yes <input type="checkbox"/> No <input type="checkbox"/>																								
If yes, please select one of the following. <input type="checkbox"/> Paper <input type="checkbox"/> Diskette																								
e) Do you use a payroll service?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which one? (enter name) _____																								
f) What is the maximum number of employees you expect to have working for you at any time within the next 12 months? _____																								
g) When will you make the first payment to your employees or payees? <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td><td style="width:25px;"> </td> </tr> <tr> <td style="text-align: center;">Year</td><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td colspan="7"></td> </tr> </table>															Year	Month	Day							
Year	Month	Day																						
h) Duration of business operation <input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal																								
If seasonal, check months <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> </table>					J	F	M	A	M	J	J	A	S	O	N	D								
J	F	M	A	M	J	J	A	S	O	N	D													
i) If the business is a corporation, is the corporation a subsidiary or an affiliate of a foreign corporation?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter country: _____																								
j) Are you a franchisee?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter the name and country of the franchisor: _____																								
<b>Certification</b> – All businesses have to complete and sign this part. You can sign this form if you are a sole proprietor, a partner, a corporate director, or an officer or authorized employee of the company. You can also sign it if the Canada Revenue Agency has on file a Form RC59, <i>Business Consent Form</i> , authorizing you as the company's representative.																								
I certify that the information given on this form is, to the best of my knowledge, true and complete.																								
Name (print)		Signature		Title																				
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