

Application for Registration

For more detailed information and line-by-line instructions, refer to the *Guide to Registration* (LM-1.G-V). **Incomplete applications (for example, an unsigned application) will be given lowest priority.**

Do not use this area.

If you wish to appoint a representative, complete form MR-69-V, *Power of Attorney, Authorization to Communicate Information, or Revocation*, and enclose it with this application.

If you simply wish only to obtain an employer identification number, you may contact Revenu Québec to **make a verbal request**. However, you must complete this form to register for any other file administered by Revenu Québec.

Check the box corresponding to each file for which you wish to register.

- Québec corporation income tax Québec sales tax (QST)
 Québec source deductions Goods and services tax and harmonized sales tax (GST/HST)

A Identification

Enter your Québec enterprise number (NEQ), if applicable.		Enter the first nine digits of the Business Number (BN) assigned by the Canada Revenue Agency, if applicable.	
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◆ If you are an individual, complete section A1. ◆ If you are any other entity, complete sections A2 and A3.

A1 Individual

Complete this section if you are a natural person operating a sole proprietorship, a self-employed person or a person who employs domestic help.

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	Last name	First name	Social insurance number
Home address Number		Street, rural route	Apt., suite
City, village or municipality		Province or state, country	Postal code
Area code Telephone	Extension	Area code Cellular telephone	Date of birth
			Language of communication <input type="checkbox"/> French <input type="checkbox"/> English

A2 Other entity

Complete sections A2 and A3 if you are a partnership, corporation, association, co-operative, organization or other entity.

Name of the entity	Date of formation
Address of the place of business or head office Number Street, rural route Apt., suite	
City, village or municipality Province or state, country Postal code	
Area code Telephone	Extension
Language of communication <input type="checkbox"/> French <input type="checkbox"/> English	
Origin of articles of incorporation. Include a copy of any articles that are not registered in Québec. <input type="checkbox"/> Québec <input type="checkbox"/> Other (specify): _____	Was there an amalgamation? <input type="checkbox"/> Yes <input type="checkbox"/> No Include a copy of documents certifying the amalgamation (certificate of amalgamation, etc.).

A3 Partners or directors

Identify the partners of a partnership or the directors of a corporation or other entity. **If your partnership is not registered** (that is, if you do not have a Québec enterprise number (NEQ) assigned by the Registraire des entreprises), you must **have each partner sign** and indicate the percentage of his or her interest in the partnership.

If there are more than three partners or directors, attach an additional sheet.

<input type="checkbox"/> Partner <input type="checkbox"/> President	Last name	First name	Social insurance number		
Home address			Number	Street, rural route – P.O. box, postal station	Apt., suite
City, village or municipality		Province or state, country	Postal code	Area code Telephone	Extension
Partner's or director's signature				Partner's interest (%)	

<input type="checkbox"/> Partner <input type="checkbox"/> Vice-president	Last name	First name	Social insurance number		
Home address			Number	Street, rural route – P.O. box, postal station	Apt., suite
City, village or municipality		Province or state, country	Postal code	Area code Telephone	Extension
Partner's or director's signature				Partner's interest (%)	

<input type="checkbox"/> Partner <input type="checkbox"/> Sec.-treasurer <input type="checkbox"/> Director	Last name	First name	Social insurance number		
Home address			Number	Street, rural route – P.O. box, postal station	Apt., suite
City, village or municipality		Province or state, country	Postal code	Area code Telephone	Extension
Partner's or director's signature				Partner's interest (%)	

B Other addresses

B1 Name and address of the business

Check the box or complete the lines below, as applicable.

The name and address are identical to those indicated in section A.

Business name (if applicable)			Area code Telephone	Extension	
Address of the principal establishment		Number	Street, rural route	Apt., suite	Area code Cellular telephone
City, village or municipality		Province or state, country		Postal code	Area code Fax

B2 Mailing address

Check the box corresponding to the address where you wish to receive documents concerning the application of the fiscal laws referred to below.

Corporation income tax

Address in section A Address in section B1 Mailing address below

Number	Street, rural route	Apt., suite
City, village or municipality	Province or state, country	Postal code

Source deductions

Address in section A Address in section B1 Mailing address below

Number	Street, rural route	Apt., suite
City, village or municipality	Province or state, country	Postal code

Consumption taxes

Address in section A Address in section B1 Mailing address below

Number	Street, rural route	Apt., suite
City, village or municipality	Province or state, country	Postal code

C Information about the business

Start-up date of operations

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End-date of fiscal year

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C1 Your activities

Describe in specific terms your principal activity and your secondary activities, if any.

Do not use this area.

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SCIAN								C.A.E.				
SCIAN								C.A.E.				
								Genre d'opération				

Check the box that corresponds to your situation, if applicable.

Registered charity. Enter your **registration number**:

Non-profit organization that is subsidized in a proportion of 40% or more

F Other information and certification

F1 Your financial institution

Enter the numbers of the financial institution and branch at which you conduct your business transactions.

Number of the branch

Number of the financial institution

Request for direct deposit

Do you wish to have Revenu Québec deposit directly in your account the amounts owed to you under the legislation covered by this application, the *Tobacco Tax Act*, the *Fuel Tax Act* and the International Fuel Tax Agreement (IFTA)?

Yes No

If you answered **yes**, enclose a **personalized cheque** marked "**VOID**." If your cheque is not personalized, enclose a written confirmation from your financial institution providing the necessary information to identify you.

F2 This section must be completed by all businesses, whether registering for the GST/HST, the QST, or both. In the case of an individual or a partnership, the application for registration may be signed by the individual or by a partner of the partnership; if it is signed by someone other than the individual or a partner, the signee must enclose a power of attorney. In the case of a corporation (or other entity), the application for registration may be signed by the president, a vice-president, the secretary or the treasurer, or by any other person duly authorized by a resolution of the board of directors; if the signee is a person so authorized, enclose a copy of the board's resolution to that effect.

I certify that the information provided in this form and in the enclosed documents is accurate and complete.

First and last name

Signature

Position

Date

F3 Documents enclosed

Check the documents enclosed with your application.

- Copy of any articles of incorporation that are not registered in Québec (section A2)
- Documents certifying amalgamation (section A2)
- If you are registering retroactively, sales invoices or other documents proving that you charged tax, or statements proving that your sales exceeded \$30,000 (section D1)
- List of establishments operated in respect of the retail sale of fuel or tobacco (section D in the guide)
- Personalized cheque, if you are requesting direct deposit (section F1)
- Power of attorney or resolution of the board of directors (section F2)

Do not use this area.

Préparé par _____ Secteur : _____ Téléphone : _____ Date : _____

Inscrit par _____ Téléphone : _____ Date : _____

Autorisé au CPF par _____

Remarques : _____
