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Request for a Business Number

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BN 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. Once completed, send this form to your tax centre. The tax centres are listed at www.cra.gc.ca/taxcentre and in Booklet RC2, The Business Number and Your Canada Revenue Agency Program Accounts. For more information, go to www.cra.gc.ca/bn or call 1-800-959-5525.

Note: If your business is in the province of Quebec and you want to register for the goods and services tax/harmonized sales tax (GST/HST), do not use this form. Contact Revenu Québec. However, if you want to register for any of the other three accounts listed below, complete the appropriate part indicated in the following instructions:

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

To open a corporation income tax account, complete parts A, E, and F.						
Part A – General information						
A1 Ownership type and Operation type						
Individual Partnership	Trust Corporation Other (spec	ify:)				
Are you incorporated?	No (All Canadian corporations have to provi	de a copy of the certificate of incorporation or				
Tick the box below that best describes your type	of operation (if none apply, leave this section blank):	on requested in Fart E.)				
Sole proprietor	Federal government (publicly funded)	Other government body				
□ Society	Federal government (not publicly funded)	Strata condo corporation				
Employer of a domestic	Provincial government	Association				
Foster parent	Municipal government	University/school				
Religious body	Financial institution	☐ Union				
Hospital	Employer-sponsored plan	Diplomat				
A2 business. If you need more space, include	rt to provide information for the individual owner, partne the information on a separate piece of paper. The socia GST/HST account (Social Insurance Number Disclosur	al insurance number (SIN) is mandatory for individuals				
Social insurance number (SIN)	First name	Last name				
Title	Work phone number Extension	Work fax number				
Occupation	Home phone number Extension	Home fax number				
	Cellular phone number	Pager number				
	Celiulai priorie riuribei					
Social insurance number (SIN)	First name	Last name				
Title	Work phone number Extension	Work fax number				
Title	Work priorie flumber	Work lax Humber				
Occupation	Home phone number Extension	Home fax number				
	Cellular phone number	Pager number				
Contact Devices Disease provide the name of a contact for registration provides and the contact name are sided will not be considered as a substitute of						
Contact Person – Please provide the name of a contact for registration purposes only (the contact name provided will not be considered an authorized representative). If you wish to authorize a representative to speak on your behalf about your BN program account(s), complete Form RC59, Business Consent form. For more information, see Booklet RC2, The Business Number and Your Canada Revenue Agency Program Accounts.						
Title	First name	Last name				
	Work phone number Extension	Work fax number				
	Cellular phone number	Pager number				



A3 Identification of business					
Name					
Physical business location		City			
Province/Territory/State	rovince/Territory/State Country		Postal or Zip Code		
Mailing address (if different from the physical business location) c/o		City			
Province/Territory/State	Country		Postal or Zip Code		
Operating / Trade name					
Language of preference English French					
Are you a third party requesting the registration?	ves, enter your name and compa	any name below.)			
Your name:					
Company name:					
A4 Major business activity					
Clearly describe your major business activity. Give as much detail as possi Example: Construction – Installing residential hardwood flooring.	ble using at least one noun, a ve	erb, and an adjective.			
Specify up to three main products or services that you provide and the estir	mated percentage of revenue th	ey each represent.			
			%		
			<u> </u>		
A5 GST/HST information – For more information, see Booklet RC2, The	e Business Number and Your C	anada Revenue Agency	Program Accounts.		
Do you provide or plan to provide goods or services in Canada or to export of If no , you generally cannot register for GST/HST. However, certain business For more information, see Booklet RC2.			Yes No		
Are your annual worldwide GST/HST taxable sales, including those of any a lf yes , you have to register for GST/HST.	ssociates, more than \$30,000?		Yes No		
Note: Special rules apply to charities and public institutions. For more information, see	Booklet RC2.				
Are you a public service body (PSB) whose annual worldwide GST/HST taxa If yes , you have to register for GST/HST.	able sales are more than \$50,00	0?	Yes No		
Note: Special rules apply to charities and public institutions. For more information, see	Booklet RC2.				
Are all the goods/services you sell/provide exempt from GST/HST?			Yes No		
Do you operate a taxi or limousine service? If yes , you have to register for GST/HST, regardless of your revenue.			Yes No		
Are you an individual whose sole activity subject to GST/HST is from comme	ercial rental income?		Yes No		
Are you a non-resident?			Yes No		
Are you a non-resident who charges admission directly to audiences at activ If yes , you have to register for GST/HST, regardless of your revenue.	rities or events in Canada?		Yes No		
Do you want to register voluntarily? By registering voluntarily, you must beg your worldwide GST/HST taxable sales are \$30,000 or less (\$50,000 or less For more information, see Booklet RC2			Yes No		

Part B – GST/HST account information – Complete a separate form for each division of your corporation that requires a GST/HST account.									
B1 GST/HST account identification – If the info	rmation is the same as	n Part A3, tick this be	ox.						
Account name									
Physical business location				City					
Province/Territory/State		Country		1		Po	ostal o	r Zip (Code
Mailing address (if different from the physical busines c/o	ss location) for GST/HS	purposes.		City					
Province/Territory/State	State Country					Po	ostal o	r Zip (Code
B2 Filing information – For more information, se	ee Booklet RC2, The Bu	siness Number and `	Your Cana	da Reven	ue Agency	Progra	am Ac	count	S.
Enter the amount of your sales in Canada (dollar am	nount only)	\$		(If you	have no s	ales er	nter "\$	0")	
Enter the amount of your worldwide sales (dollar an	nount only)	\$		(If you	have no s	ales er	nter "\$	0")	
Enter the fiscal year-end for GST/HST purposes. If you do not enter a date, we will enter December 31		Month	 Day						
Do you want to make an election to change the fiscal GST/HST purposes?	year-end for	Yes	No						
If yes , enter the date you would like to use.		Month	 Day						
Enter the effective date of registration for GST/HST purposes.	Year	Month			formation see Bookle			o regi	ster for
B3 Reporting period									
Unless you are a charity or a financial institution, we will assign you a reporting period based on your total annual GST/HST taxable sales in Canada (including those of your associates) for the preceding year . If you do not have annual sales from the preceding year, your sales are \$0. If you want to elect for a different reporting period, your options, if any, are listed below. Please indicate in the right column which option you want to elect. For more information, see Booklet RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts</i> .									
Reporting period election Tick yes if you want to file more frequently than the r	eporting period assigne	d to you.		Yes	No				
Total annual GST/HST taxable sales in Canada (including those of your associates)	Reporting period as choose to chan	signed to you, unle ge it (see next colur				Optio	ons		
More than \$6,000,000		Monthly		No options available					
More than \$1,500,000 to \$6,000,000	C	Quarterly		Monthly					
\$1,500,000 or less		Annual			Monthly	OI	•		Quarterly
Charities		Annual			Monthly	OI	•		Quarterly
Financial Institutions		Annual			Monthly	OI	r		Quarterly
B4 Direct deposit information – The account holder identified below requests and authorizes the Minister of National Revenue to directly deposit, into a Canadian financial institution's account, amounts payable to the account holder under Part IX of the Excise Tax Act. If the direct deposit information is entered, an owner, partner, corporate director or officer must sign the form. An authorized representative may not.									
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 Canadian financial institution's account.									
Propph symbol	ctitution number			Account	number				
Branch number In	stitution number			Account r	iumper				
Name(s) of account holder(s):									

Part C – Payroll account information Complete parts C1 and C2 if you need a payroll account.					
C1 Payroll account identification – If the information is the same as in	Part A3, tick this box.				
Account name					
Physical business location		City			
Province/Territory/State	Country		Postal or Zip Code		
Mailing address (if different from the physical business location)		City			
Province/Territory/State	Country		Postal or Zip Code		
Language of preference English French			1		
C2 General information					
a) What type of payment are you making?					
Payroll Registered retirem	ent savings plan				
b) How often will you pay your employees or payees? Please tick the pay	period(s) that apply.				
Daily Weekly Bi-weekly	Semi-monthly				
Monthly Annually Other (specify)					
c) What is the maximum number of employees you expect to have working	a for you at any time in the next	12 months?			
	g for you at any time in the next	12 1110111113:			
d) When will you make the first payment to your employees or payees?	Year Month	Day			
e) Duration of business:	Year-round Se	easonal			
If seasonal, tick month(s) of operation:		OND			
f) If the business is a corporation, is it a subsidiary or an affiliate of a foreig	n corporation?	Yes No			
If yes , enter the country:					
g) Are you a franchisee? Yes No					
If yes , enter the name and country of the franchisor:					
C3 Direct deposit					
To use this option, complete Form RC366, Direct Deposit Request —	GST/HST, Payroll and/or Corpo	oration Income Tax.			
Part D – Import/export account information – If you need an import/export account for commercial purposes (you do not need to register for an import/export account for personal importation), complete D1 and D2. Complete a separate form for each branch or division of your corporation that needs an import/export account for commercial purposes.					
D1 Import/export account identification – If the information is the sam	ne as in Part A3, tick this box.	7			
Account name		_			
Physical business location		City			
Province/Territory/State	Country		Postal or Zip Code		
Mailing address (if different from the physical business location) c/o	1	City	1		
Province/Territory/State	Country	1	Postal or Zip Code		
Language of preference English French					
Do you want us to send you import/export account information?		Yes No			

D2 Import/export information							
Type of account:							
Enter the type of goods you are or will be exporting:							
Enter the estimated annual value of goods you are or will be exporting: \$							
Part E – Corporation income tax account information – If you need a corporation income tax account, complete Part E1. If you have not provided your certificate of incorporation or amalgamation you have to complete Parts E2 and E3.							
E1 Corporation income tax account identification – If the information	is the same as in Part A3, tick t	his box.					
Name (as listed on your certificate of incorporation)							
Physical business location		City					
Province/Territory/State	Country		Postal or Zip Code				
Mailing address (if different from the physical business location) c/o		City					
Province/Territory/State	Country		Postal or Zip Code				
Language of preference English French							
E2 Complete this part if you have not provided a copy of your Cana							
Certificate Number	Year Month on	Day Land					
Date of Amalgamati	on						
E3 Indicate the jurisdiction of your business.							
☐ Federal (province) ☐ Provincial (country/state)							
Part F – Certification							
All businesses must complete and sign this part. You are authorized to sign this form only if you are an owner, a partner, an officer of the business, a corporate director, or an authorized representative. However , if the direct deposit information is entered, an authorized representative may not sign this form . In this case an owner, a partner, an officer of the business or a corporation director must sign the form.							
The person signing this form is the: Owner Partner I certify that the information given on this form is, to the best of my kn		Corporate director	Authorized representative				
First name (print)	Last name (print)		Title				
Signature			Date				
Note: After you register your new business number or CRA program account (e.g. GST/HST) we may contact you to confirm the information you provided. At that time we may ask you to provide more information. Having complete and valid information on file for your business allows us to serve you better.							

Privacy Act, personal information bank number CRA PPU 223