

A3 Identification of business

Name	
Physical business location	Postal or zip code
Mailing address (if different from the physical business location) c/o	Postal or zip code
Operating / Trading name	
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French	
Are you a third party requesting the registration? <input type="checkbox"/> Yes (If Yes , provide your name and company name below) <input type="checkbox"/> No	
Your name: _____	
Company name: _____	

A4 Major Business activity

Clearly describe your major business activity. Give as much detail as possible using at least one noun, a verb, and an adjective.
Example: Construction – Installing residential hardwood flooring.

Specify up to three main products or services that you provide or contract, and the estimated percentage of revenue they each represent.

	%
	%
	%

A5 GST/HST information – For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Accounts*.

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your annual worldwide GST/HST taxable sales, including those of any associates, more than \$30,000? If Yes , you have to register for GST/HST. Note: Special rules apply to charities and public institutions. See our pamphlet for details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a public service body (PSB) whose annual worldwide GST/HST taxable sales are more than \$50,000? If Yes , you have to register for GST/HST. Note: Special rules apply to charities and public institutions. See our pamphlet for details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all the goods/services you sell/provide exempt from the GST/HST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you operate a taxi or limousine service? If Yes , you have to register for GST/HST regardless of your revenue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an individual whose sole activity subject to GST/HST is from commercial rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a non-resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a non-resident who charges admission directly to audiences at activities or events in Canada? If Yes , you have to register for GST/HST, regardless of your revenue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part C – Payroll deductions account information – Complete parts C1 and C2 if you need a BN payroll deductions account.

C1 | Payroll deductions account identification – Check the box if the information is the same as in Part A3.

Account name _____

Physical business location	Postal or zip code
Mailing address (if different from the physical business location) for payroll deduction purposes c/o	Postal or zip code

Language of preference English French

Do you want us to send you the New Employers Kit, which includes *Payroll Deductions Tables* and information? Yes No

C2 | General information

a) What type of payment are you making?
 Payroll Registered retirement savings plan
 Registered retirement income fund Other (specify) _____

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) Do you want to receive the *Payroll Deductions Tables*? Yes No
 If **Yes**, select one of the following: Paper compact disc (CD)

d) Do you use a payroll service? Yes No
 If **Yes**, which one? (enter name) _____

e) What is the maximum number of employees you expect to have working for you at any time in the next 12 months? _____

f) When will you make the first payment to your employees or payees?

Y	.	Y	.	Y	.	Y	M	.	M	D	.	D
Year				Month		Day						

g) Duration of business: Year-round Seasonal
 If seasonal, check month(s) of operation:

J	F	M	A	M	J	J	A	S	O	N	D
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h) If the business is a corporation, is the corporation a subsidiary or an affiliate of a foreign corporation? Yes No
 If **Yes**, enter country: _____

i) Are you a franchisee? Yes No
 If **Yes**, enter the name and country of the franchisor: _____

Part D – Import/export account information – Complete D1 and D2 if you need a BN import/export account for commercial purposes (you do not need to register for an import/export account for personal importations). Complete a separate form for each branch or division of your corporation that requires an import/export account for commercial purposes.

D1 Import/export account identification – Check the box if the information is the same as in Part A3.

Account name	
Physical business location	Postal or zip code
Mailing address (if different from the physical business location) for import/export purposes c/o	Postal or zip code
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French	
Do you want us to send you import/export account information? <input type="checkbox"/> Yes <input type="checkbox"/> No	

D2 Import/export information

Type of account: Importer Exporter Both importer/exporter Meeting, convention, and incentive travel

If you are applying for an exporter account, you **must** provide all of the following information.

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 – Corporate income tax account information – Complete part E1 if you need a BN corporate income tax account.

E1 Corporate income tax account identification – Check the box if the information is the same as in Part A3.

Name (as listed on your certificate of incorporation)	
Physical business location	Postal or zip code
Mailing address (if different from the physical business location) c/o	Postal or zip code
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French	

Part F – Certification

All businesses have to complete and sign this part. You are authorized to sign this form if you are an individual, a partner, an officer of your business or a corporate director. If the Direct Deposit Information is entered, an authorized representative **may not** sign this form.

The person signing this form is the: Owner Partner Corporate director Officer Authorized representative

I certify that the information given on this form is, to the best of my knowledge, true and complete.

First and last names (print)

Title

Signature

Y	Y	Y	Y	M	M	D	D
Year				Month		Day	