Agence du revenu du Canada

## **REQUEST FOR A BUSINESS NUMBER (BN)**

BN								
	F	OR C	FFIC	CE U	SE C	NLY	<u> </u>	

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.

• T	To open a corporate income tax account, complete parts A, E and F.													
Part A – General information														
<b>A</b> 1	Identification	of b	usiness (	For a	corp	oration, enter the	e name a	and addres	ss of the head of	ice.)				
Nam	e					tha	an one b	ousiness, c	r if your busines	s operate	ferent from the name of es under more than or ormation on a separate	e name	e, enter the name(s)	
Busir	ness address (	This r	nust be a	physi	ical a	address, not a po	st office	box.)					Postal or zip code	
Mailii	ng address (if	differe	ent from b	usine	ss ad	idress)							Postal or zip code	
lident	ifv a person fo	r spec	ific accou	nts. c	amo	tify an employee lete the "Contact iness Consent Fo	Person	" lines in A	rea B1. C1. D1.	or E1. T	all matters pertaining o authorize a represer n.	to your ntative v	BN accounts. To who is not an employee	е
First	name		Last na	me			Title Telephone number Fax			Fax n	number			
A2	Client own	ershij	o type			Language o	of corres	pondence	☐ English [	Fren	ch			
	Individual	If so	o, are you	a sol	e pro	pprietor? Yes	□ n	No 🗆	Are you an en	nployer	of a domestic? Yes		No 🗆	
_	Partnership Other	Are y	ou incorpo	orated	d? Y	Yes □ No [	☐ (A	II corporat	ions have to prov	vide a co	py of the certificate of	incorpo	oration or amalgamatio	n.)
Complete this part to provide information for the individual owner, partner(s), corporate director(s), or officer(s) of the business. If you need more space, include the information on a separate piece of paper. The Social Insurance Number is mandatory for individuals (sole proprietors) applying to register for a GST/HST account (Social Insurance Number Disclosure Regulations, Excise Tax Act).														
First	name			Las	t nan	ne					Work telephone nui	mber	Work fax number	
Title								Social ins	urance number		Home telephone nu	mber	Home fax number	_
First name Last name				ne				Work telephone nui	Work telephone number					
Title					Social insurance number Home telephone number			mber	Home fax number	_				
А3	Type of ope	eratio	n Chec	k the	box l	below that best d	lescribe	s your type	of operation.					
	Charity		Union			Association		Financi	al institution	□ U	niversity/school [	⊒ Мι	unicipal government	
	Society		Hospital			Non-profit		Religiou	us body	□ Ті	rust [	☐ No	one of the above	
A4 Major commercial activity														
Clearly describe your major business activity. Give as much detail as possible in the space provided.														
	Specify up to three main products that													
,	vou mine, manufacture, or sell, or services you provide or contract. Also, %						6							
	ach product or service represents.  %													



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 <b>no</b> , you generally cannot register for GST/HST. However, certain businesses may be able to register. See our pamphlet for details.									
Are your annual <b>worldwide</b> GST/HST taxable sales, including those of any associates, more than \$30,000 (\$50,000 if you are a public service body)?  If <b>yes</b> , you have to register for GST/HST. <b>Note</b> : Special rules apply to charities and public institutions. See our pamphlet for details.									
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?									
Are you a non-resident who charges admissions directly to audiences at activities or events in Canada?									
Yes No [If you answer <b>yes</b> to either of these questions, you <b>have to</b> register for GST/HST, regardless of your revenue.									
Oo 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  Yes No [									
Part B - GST/HST account information -									
Complete B1 to B4 if you need a BN GST/HST account (except for businesses in the province	ce of Quebec.) See our pamphlet for details.								
Do you want us to send you GST/HST information? Yes No ST/HST account identification — Check the box if the information is the same as in Part A1	П								
B1 GST/HST account identification – Check the box if the information is the same as in Part A1.  c/o Account name (er	nter the name under which you carry on business.)								
Mailing									
address for GST/HST Address									
purposes	Postal or zip code								
Contact person – Complete this area to identify an employee of your business as your contact person in all representative who is not an employee of your business, complete Form RC59, <i>Business Consent Form.</i> Set First name  Last name	matters pertaining to your GST/HST account. To authorize a ee our pamphlet for more information.  Language of correspondence								
Title Telephone number	Fax number								
B2 Filing information	L								
Enter your fiscal year-end.  Enter your fiscal year-end.  If you do not provide us with a date, we will enter December 31. If you want to select a fiscal year-end that is not December 31, see our pamphlet for more information.  Month  Day	Enter your fiscal year-end.  If you do not provide us with a date, we will enter December 31. If you want to select a fiscal year-end that is not December 31, see our pamphlet for more information.  Enter 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	Year Month Day GST/HST.								
Unless you are a charity or a financial institution, we will assign you a reporting period based on your total your associates). In the column on the left below, check the box that corresponds to your estimated sales. period. To do so, check the box in the column on the right below that corresponds to your choice. For mor	. In certain cases, you may be able to change this assigned reporting								
Total estimated annual GST/HST taxable sales in Canada (including those of your associates)  Reporting period assigned to you, unless you change it (see next column)									
More than \$6,000,000 ☐ Monthly	No options available								
More than \$500,000 up to \$6,000,000 ☐ Quarterly	☐ Monthly								
\$500,000 or less	☐ Monthly <b>or</b> ☐ Quarterly								
Charities									
Financial institutions	☐ Monthly <b>or</b> ☐ Quarterly								
B4 Type of Operation									
04 Listed financial institution 08 Non-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):									

		ayroll deductions acc and C2 if you need a BN pa							
C1		deductions account he box if the information is t	the same as in Part A1. □						
Acc	ount name								
Add	ress								
							Postal or zip code		
		c/o							
ac	lailing Idress 	Address							
	payroll luctions						Postal or zip code		
			an employee of your business as				s. To authorize a		
	name	who is not an employee or your b	Last name	dames consent rorm. dec our	paripriet for more information	Language of co	prrespondence		
				<b>I</b>	Τ	_ <u> </u>	glish French		
Title				Telephone number	Fax number				
Do y	ou want us	to send you the New Employers	Kit, which includes Payroll Dedu	ctions Tables and information?	Yes 🗌	No 🗌			
C2	Genera	l information							
a)	Pay	e of payment are you making? roll Registered retireme istered retirement income fund	ent savings plan						
b)	How ofter Daily Mont	☐ Weekly ☐	payees? Please check the pay po Bi-weekly Sel Other (specify)	eriod(s) that apply. mi-monthly					
c)	Will you d	esign your own computer progra	am for payroll purposes? Yes	☐ No ☐ If yes, do you	need our payroll formulas?	Yes No			
d)	Do you wa	ant to receive the Payroll Deduct	tions Tables? Yes	□ No □					
	If yes, select 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)	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)									
	If seasona	al, please check month(s) of ope	ration.	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 No If yes, enter country:								
j)	Are you a franchisee? Yes No No If yes, enter the name and country of the franchisor:								

Complete D1	nport/export account information I and D2 if you need a BN import/export a Complete a separate form for each brain	account for commercial pur	. `		•
D1 Impo	rt/export account identification — Chec	k the box if the information	is the same as in Part A1.		
Import/export a	iccount name				
Address					
					Postal or zip code
Mailing	c/o				
address (if different from above)	Address				Postal or zip code
Contact persor	n – Complete this area to identify an employee o who is not an employee of your business, comp	of your business as your contact	t person in all matters pertaining to yo	ur import/export accounts. To	authorize a
representative	who is not an employee of your business, comp  Last name	léte Form RC59, Business Cor	nsent Form. See our pamphlet for mon  Language of correspondence		ench
Title		Telephone	number	Fax number	
	s to send you import/export account information/	? Yes   No			
Enter the type	unt:	all of the following information.	, and incentive travel (MCIT)		
	Corporate income tax account in		E1 if you need a BN corporate i	income tax account.	
E1 Corpo	rate income tax account identification	- Check the box if the info	rmation is the same as in Part A	.1. 🗆	
Mailing	c/o				
address for corporate tax	Address				
purposes					Postal or zip code
Contact perso representative First name	on – Complete this area to identify an employee e who is not an employee of your business, complete who is not an employee of your business, complete who is not an employee of your business, complete who is not an employee.	of your business as your contac plete form RC59, <i>Business Cor</i>	ct person in all matters pertaining to yonsent Form. See our pamphlet for mor Language of correspondence	_	o authorize a
Title		Telephone	number	Fax number	
corporate dir	<b>Certification –</b> All businesses have to rector, or an officer of your business. You you as the company's representative.	complete and sign this par are also authorized to sign	t. You are authorized to sign this this form if, the CRA has on file	form if you are an individe a Form RC59, <i>Business</i>	dual, a partner, a Consent Form,
Name	of one owner partner corpora	te director or officer			
	First and last name (print)				
I certify tha	at the information given on this form is	, to the best of my knowl	edge, true and complete.	Authorized Third-Pa	arty Representative
I ——	Name (print)	Signature	Title	Year	Month Day