Agence	du	reveni
du Can	ada	

REQUEST FOR A BUSINESS NUMBER (BN)

FOR OFFICE USE										
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, please send this form to your local Tax Centre. The Tax Centres are listed at www.cra.gc.ca/taxcentre or in Pamphlet RC2, The Business Number and Your Canada Revenue Agency Program Accounts. If you need more information, visit www.cra.gc.ca/bn or call us at 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						
	Corporation Other (specify:					
Tick the box below that best describes your type of Sole proprietor Society Society Sole proprietor Society Sole proprietor Society Sole proprietor Sole propr	of operation (if none apply, leave this section blank): Federal government (publicly funded) Federal government (not publicly funded) Provincial government Municipal government Financial institution Employer-sponsored plan part to provide information for the individual owner, painformation on a separate piece of paper. The social	☐ Other government body ☐ Strata condo corporation ☐ Association ☐ University/school ☐ Union ☐ Diplomat artner(s), corporation director(s), or officer(s) of the				
(sole proprietors) applying to register for a GS Social insurance number (SIN)	T/HST account (Social Insurance Number Disclosure First name	Regulations, Excise Tax Act). Last name				
Title	Work phone number — —	Work fax number				
Occupation	Home phone number Cellular phone number	Home fax number Pager number				
Social insurance number (SIN)	First name	Last name				
Title	Work phone number	Work fax number				
Occupation	Home phone number Cellular phone number	Home fax number Pager number				
Contact Person – Please provide the name of a						
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, <i>Business Consent form.</i> For more information, see Pamphlet RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts.</i>						
Title	Work phone number	Work fax number				
	Celllular phone number — — —	Pager number – –				



А3	Identification of business			
Nam				
INGII				
Phy	sical business location	Postal or	zip co	de
	ing address (if different from the physical business location)	Postal or	zip co	de
c/o				
Ope	rating / Trading name			
Land	guage of preference English French			
Lan	gaage of profession English Trench			
Λro	you a third party requesting the registration? \(\subseteq \text{Yes} \) (If ves , enter your name and company name below.)	NI-		
AIC	you a third party requesting the registration?	No		
You	r name:			
Con	npany name:			
A 4	Major business activity			
Clea	urly describe your major business activity. Give as much detail as possible using at least one noun, a verb, and an adjective.			
	mple: Construction – Installing residential hardwood flooring.			
-				
_				
Spe	cify up to three main products or services that you provide or contract, and the estimated percentage of revenue they each rep	resent.		
-	%			
	%			
-				
	%			
-				
A5	GST/HST information – For more information, see Pamphlet RC2, The Business Number and Your Canada Revenue Agence	cv Program	Accou	ınts.
	ou provide or plan to provide goods or services in Canada or to export outside Canada? If no , you generally cannot register fo	or		
	/HST. However, certain businesses may be able to register. For details, see Pamphlet RC2.	o. □ Yes	s 🗆	l No
۸۳۵	your cannual worldwide CCT/ICT toyable calcal including those of any accesisted more than \$20,0000			
	your annual worldwide GST/HST taxable sales, including those of any associates, more than \$30,000? s , you have to register for GST/HST.	□ V•		l Na
_	: Special rules apply to charities and public institutions. For details, see Pamphlet RC2.	☐ Yes	\$ L	l No
	7 Operation apply to standed and public medications. For assaults, edge Famphiot 1102.			
	ou a public service body (PSB) whose annual worldwide GST/HST taxable sales are more than \$50,000?			
•	s, you have to register for GST/HST.	☐ Yes	s [l No
Note	: Special rules apply to charities and public institutions. See Pamphlet RC2 for details.			
Are a	all the goods/services you sell/provide exempt from GST/HST?	☐ Yes	s [l No
Dov	ou operate a taxi or limousine service?			
	s, you have to register for GST/HST regardless of your revenue.	☐ Yes	s L	l No
	you an individual whose sole activity subject to GST/HST is from commercial rental income?	☐ Yes	 s [l No
	<u> </u>			
	/ou a non-resident?	☐ Yes	S _	l No
	you a non-resident who charges admission directly to audiences at activities or events in Canada?	☐ Yes	s 🗆	l No
ıı ye	s, you have to register for GST/HST, regardless of your revenue.			
	ou want to register voluntarily? By registering voluntarily, you must begin to charge GST/HST and file returns even if your	☐ Yes	s 🗆	l No
	dwide GST/HST taxable sales are \$30,000 or less (\$50,000 or less if you are a public service body). For details, see phlet RC2.			
ı aiii	prince roz.			

Part B - GST/HST account information - Complete a separate form for each division of your corporation that requires a GST/HST account.					
	rmation is the same as in Part A3, tick the box.				
Account name					
Physical business location		Poetal or zin codo			
Physical business location		Postal or zip code			
Mailing address (if different from the physical busine	ess location) for GST/HST purposes	Postal or zip code			
c/o					
B2 Filing information – For more information, se	ee Pamphlet RC2, The Business Number and Your (Canada Revenue Agency Program Accounts			
Enter the amount of your sales in Canada (dollar am	nount only) \$ (If you have no sales enter \$0)			
Enter the amount of your worldwide sales (dollar am	nount only) \$ (If you have no sales enter \$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 fisca GST/HST purposes?	al year-end for				
If yes , enter the date you would like to use.	Month Day				
Enter the effective date of registration for GST/HST purposes.		For information about when to register for GST/HST, see Pamphlet RC2.			
B3 Reporting period					
(including those of your associates) for the precedin	g year. If you do not have annual sales from the prure listed below. Please indicate in the right column	our total annual GST/HST taxable sales in Canada eceeding year, your sales are \$0. If you want to elect which option you want to elect. For more information,			
Reporting period election Select yes if you want to file more frequently than the	e reporting period assigned to you.	□ No			
Total annual GST/HST taxable sales in Canada (including those of your associates)	Reporting period assigned to you, unless you choose to change it (see next column)	Options			
☐ More than \$6,000,000	Monthly	No options available			
☐ More than \$1,500,000 up to \$6,000,000	Quarterly				
□ \$1,500,000 or less	Annual	☐ Monthly or ☐ Quarterly			
□ Charities	Annual	☐ Monthly or ☐ Quarterly			
☐ Financial institutions	Annual	☐ Monthly or ☐ Quarterly			
B4 Direct deposit information – The account holder identified below requests and authorizes the Minister of National Revenue to directly deposit into the Canadian financial institution's 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 Canadian financial institution's account.					
Branch number Ins	titution number	Account number			
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 the box.	
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	
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 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 for you at any time in the next 12 months?	
d) When will you make the first payment to your employees or payees? Year Month Day	
e) Duration of business: Year-round Seasonal	
If seasonal, tick month(s) of operation: J F M A M J J A S O N D	
f) If the business is a corporation, is it a subsidiary or an affiliate of a foreign corporation? Yes No If yes , enter country: ———————————————————————————————————	
g) Are you a franchisee? Yes No If yes , enter the name and country of the franchisor:	

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 same as in Part A3, tick the box.				
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				
Do you want us to send you import/export account information? ☐ Yes ☐ No				
D2 Import/export information				
Type of account: Importer Exporter Both importer/exporter Meeting, convention, and incentive t	travel			
If you are applying for an exporter account, you must enter all of the following requested 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 – Corporation income tax account information – If you need a corporation income tax account, complete have not provided your certificate of incorporation or amalgamation you have to complete Part E2 and E3.	e Part E1. If you			
E1 Corporation income tax account identification – If the information is the same as in Part A3, tick the box.				
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 ☐ English ☐ French				
E2 Complete this part if you have not provided a copy of your Canadian certificate of incorporation or amalgamation.				
Certificate Number				
Date of Incorporation				
Date of Amalgamation				
E3 Indicate the jurisdiction of your business.				
□ Federal				
☐ Provincial (province)				
☐ Foreign (country)				
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 corporation 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 Corporation director Officer Authorized representative				
I certify that the information given on this form is, to the best of my knowledge, true and complete.				
Eirot and lost names (arint)				
First and last names (print) Title	1			
Signature Year Month Day	y			