

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 English French

Are you a third party requesting the registration? Yes (If **yes**, enter your name and company name below.) 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 Program 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. For details, see Pamphlet RC2. Yes 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. Yes No
Note: Special rules apply to charities and public institutions. For details, see Pamphlet RC2.

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. Yes No
Note: Special rules apply to charities and public institutions. See Pamphlet RC2 for details.

Are all the goods/services you sell/provide exempt from GST/HST? Yes No

Do you operate a taxi or limousine service? Yes No
If **yes**, you **have** to register for GST/HST regardless of your revenue.

Are you an individual whose sole activity subject to GST/HST is from commercial rental income? Yes No

Are you a non-resident? Yes 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. Yes No

Do you want 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). For details, see Pamphlet 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 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 GST/HST purposes c/o | Postal or zip code |

B2 **Filing information** – For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*

Enter the amount of your **sales in Canada** (dollar amount only) \$ _____ (If you have no sales enter \$0)

Enter the amount of your **worldwide sales** (dollar amount 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 fiscal year-end for GST/HST purposes? 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 | | Day | | |

For information about when to register for GST/HST, see Pamphlet RC2.

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 Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*.

Reporting period election
Select **yes** if you want to file more frequently than the reporting period assigned to you. Yes 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 |
|---|--|---|
| <input type="checkbox"/> More than \$6,000,000 | Monthly | No options available |
| <input type="checkbox"/> More than \$1,500,000 up to \$6,000,000 | Quarterly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> \$1,500,000 or less | Annual | <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Charities | Annual | <input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Financial institutions | Annual | <input type="checkbox"/> Monthly or <input type="checkbox"/> 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.

| | | | | | |
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|--|--|--|--|--|--|

Branch number

| | | |
|--|--|--|
| | | |
|--|--|--|

Institution number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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 English French

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 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 Part E1. If you have not provided your certificate of incorporation or amalgamation you have to complete Part E2 and E3.

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.

First and last names (print)

Title

Signature

| | | | | | | | | | | | | |
|------|--|--|--|-------|--|--|--|-----|--|--|--|--|
| | | | | | | | | | | | | |
| Year | | | | Month | | | | Day | | | | |