



REQUEST FOR A BUSINESS NUMBER (BN)

BN:

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FOR OFFICE USE ONLY

Complete this form if you have a new business and you need 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.**

Please check the box(es) for the types of BN accounts that you need.

GST/HST account (complete Part B) Import/export account (complete Part D)
 Payroll (source) deductions account (complete Part C) Corporate income tax account (complete Part E)

For more information, see the pamphlet called *The Business Number and Your Revenue Canada Accounts*.

Part A

A1 Identification of business (For a corporation, enter the name and address of the head office.)

Name (For individuals or partnerships, also enter first and last names in A2 below.)		Operating, trading, or partnership name (if different from name): If you have more than one business or if your business operates under more than one name, enter the name(s) here. If you need more space, attach a list.	
Business address			
Postal or zip code			
Mailing address (if different from business address)	c/o	Name and address of business's financial institution	
	Address		
Postal or zip code			

Contact person (If you choose to name a contact for your account, please see page 8 of our pamphlet for information.)		Language
First name	Last name	<input type="checkbox"/> English <input type="checkbox"/> French
Title	Telephone number () () () () () () () () () ()	Fax number () () () () () () () () () ()

A2 Legal status (Check the box(es) that apply to you and enter the information requested. If you need more space, please attach a list.)

Individual (sole proprietor) . . .In the space below, enter the name (if not provided above), address, and social insurance number of the owner.

PartnershipIn the space below, enter the name, address, and social insurance number of each partner.

CorporationIn the space below, enter the name, address, and social insurance number of each corporation director. **All corporations have to provide a copy of the certificate of incorporation or amalgamation.**

Other (specify) _____ In the space below, enter the name, address, and social insurance number of each officer.

<input type="checkbox"/> Individual <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer	Given name(s)	Last name	Social insurance number	Telephone number () () () () () () () () () ()	Fax number () () () () () () () () () ()
	Home address				
<input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer	Given name(s)	Last name	Social insurance number	Telephone number () () () () () () () () () ()	Fax number () () () () () () () () () ()
	Home address				

A3 Major business activity

Describe your major business activity. _____

Specify up to three main products that you mine, manufacture, or sell, or services you provide or contract. Also, please estimate the percentage of revenue that each product or service represents.

_____	_____ %
_____	_____ %
_____	_____ %

A4 Requestor information (Complete this area if you are registering for a BN on behalf of a client. Please see page 8 of our pamphlet for more information.)

_____	_____	_____	_____	_____
Your name (please print)	Your company's name (please print)	Year	Month	Day

A5 GST/HST decision (See the pamphlet *The Business Number and Your Revenue Canada Accounts* to clarify the terms we use below.)

Do you plan to sell or provide goods and/or services in Canada? Yes No

If yes, answer all the questions that follow in this section. See page 10 of our pamphlet for an explanation of "GST/HST-taxable sales."
If no, you cannot register for the GST/HST. Go to Part C and complete the rest of the form where applicable.
If you export, you may be deemed to be selling or providing goods and/or services in Canada. Please see page 10 of our pamphlet for details.

Will your annual worldwide GST/HST-taxable sales (including those of any associates) be more than \$30,000? Yes No

Are you a non-resident who solicits orders in Canada for goods to be sent by mail or courier, and whose worldwide GST/HST-taxable sales will be more than \$30,000? Yes No

If yes to either of the above, you must register for the GST/HST. See page 10 of our pamphlet for details.

Do you operate a taxi or limousine service? Yes No

Are you a non-resident who charges admission directly to audiences at activities or events in Canada? Yes No

If yes to either of the above, you must register for the GST/HST, even if your worldwide GST/HST-taxable sales will be \$30,000 or less.

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

If yes, you cannot register for the GST/HST. See page 10 of our pamphlet for an explanation of "exempt goods and services."

Do you wish to register voluntarily? Yes No

There are obligations that you must meet if you register voluntarily. Page 11 of our pamphlet discusses voluntary registration.

Part B GST/HST account information — Complete sections B1 to B4 if you need a BN GST/HST account. See pages 12 to 14 of our pamphlet called *The Business Number and Your Revenue Canada Accounts* for more information.Do you want us to send you GST/HST information? Yes No**B1 GST/HST account identification (Check box if same as in A1 on page 1, or add information below.)**

Mailing address for GST/HST purposes	c/o	Operating or trading name (Enter name to which we should address correspondence.)	
	Address		
			Postal or zip code
Contact person (If you choose to name a contact for your account, please see page 8 of our pamphlet for information.)			Language <input type="checkbox"/> English <input type="checkbox"/> French
First name	Last name		
Title	Telephone number ()	Fax number ()	

B2 Filing information

Enter the fiscal year-end date of the business.

Month	Day
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Estimate your annual GST/HST-taxable sales in Canada (including those of any associates in Canada). Please check the box that applies:

- \$30,000 or less;
- more than \$30,000 but not more than \$200,000;
- more than \$200,000 but not more than \$500,000;
- more than \$500,000 but not more than \$1,000,000;
- more than \$1,000,000 but not more than \$6,000,000; or
- more than \$6,000,000.

Enter the effective date of registration for GST/HST purposes.

Year	Month	Day
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B3 Type of operation

- 01 Government, municipality 02 Registered charity (please provide your registration no.) 03 Qualifying non-profit organization 04 Listed financial institution 05 University, school board, hospital
- 06 Joint venture operator (not a partnership) 07 Non-resident who charges admission directly to spectators or attendees 08 Non-resident who carries on commercial activities in Canada 09 Taxi or limousine operator 99 None of the above

B4 Province or territory (Check the boxes below to indicate the provinces or territories in which you carry on commercial activities or maintain a permanent establishment.)

Commercial activity	Permanent establishment	Commercial activity	Permanent establishment	Commercial activity	Permanent establishment	Commercial activity	Permanent establishment
Alberta <input type="checkbox"/>	<input type="checkbox"/>	New Brunswick <input type="checkbox"/>	<input type="checkbox"/>	Nova Scotia <input type="checkbox"/>	<input type="checkbox"/>	Quebec <input type="checkbox"/>	<input type="checkbox"/>
British Columbia <input type="checkbox"/>	<input type="checkbox"/>	Newfoundland <input type="checkbox"/>	<input type="checkbox"/>	Ontario <input type="checkbox"/>	<input type="checkbox"/>	Saskatchewan <input type="checkbox"/>	<input type="checkbox"/>
Manitoba <input type="checkbox"/>	<input type="checkbox"/>	Northwest Territories <input type="checkbox"/>	<input type="checkbox"/>	Prince Edward Island <input type="checkbox"/>	<input type="checkbox"/>	Yukon Territory <input type="checkbox"/>	<input type="checkbox"/>

Part C

Payroll (source) deductions account information - Complete C1 and C2 if you need a BN payroll (source) deductions account. See pages 14 and 15 of our pamphlet called *The Business Number and Your Revenue Canada Accounts* for more information.

Do you want us to send you payroll (source) deductions information? Yes No

C1 Payroll (source) deductions account identification (Check box if same as in A1 on page 1, or add information below.)

Account name (If you want to use a separate name for your BN payroll (source) deductions account, enter that name here.)

Address

Postal or zip code

c/o

Mailing address for payroll (source) deductions

Address

Postal or zip code

Contact person (If you choose to name a contact for your account, please see page 8 of our pamphlet for information.)

First name

Last name

Language

English French

Title

Telephone number

Fax number

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C2 General information (Please complete this area so that we can send you the information you need.)

a) Type of payment

- 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) Will you use your own computer program for payroll purposes? No Yes If yes, do you need our payroll formulas? No Yes

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

e) Do you want to receive a copy of the *Payroll Deductions Tables*? No Yes

If yes, select one of the following. paper Windows diskette DOS diskette

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

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

h) Duration of business operation Year round Seasonal

If seasonal, please check month(s) of operation.

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

j) Are you a franchisee? No Yes 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 customs accounting purposes.

See page 15 of our pamphlet called *The Business Number and Your Revenue Canada Accounts* for more information.

Do you want us to send you import/export information? Yes No

D1 Import/export account identification (Check box if same as in A1 on page 1, or add information below.)

Import/export account name (if different than name on page 1)

Address

Postal or zip code

Mailing address (if different from above)

c/o

Address

Postal or zip code

Contact person (If you choose to name a contact for your account, please see page 8 of our pamphlet for information.)

First name

Last name

Language

English French

Title

Telephone number

Fax number

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D2 Import/export information

Type of account Importer Exporter Both

If exporter, enter the type of goods you are exporting.

If exporter, enter the estimated annual value of goods you are exporting. \$ _____

Part E
Corporate income tax account information - Complete E1 if you need a BN corporate income tax account. See page 15 of our pamphlet called *The Business Number and Your Revenue Canada Accounts* for more information.

E1 Corporate income tax account identification (Check box if same as in A1 on page 1, or add information below.)

Mailing address (if different from business address provided in Part A)

c/o

Address

Postal or zip code

Contact person (If you choose to name a contact for your account, please see page 8 of our pamphlet for information.)

First name

Last name

Language

English French

Title

Telephone number

Fax number

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Part F
Certification - All businesses have to complete this area.

As an authorized person, I, _____, certify that the information given on this form and in any document attached is, to the best of my knowledge, correct and complete.

Signature of authorized person

Position or office

_____|_____|_____|
Year Month Day