

Revenu Canada

REQUEST FOR A BUSINESS NUMBER (BN)

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

• To apply for a GST/HST account, complete Part B.

To apply for a payroll deductTo apply for an import/export	ions account, complete Part C. t account, complete Part D. ome tax account, complete Part E.									
Part A - General inform	<u> </u>									
	(For a corporation, enter the name and address	s of the he	ead offic	e.)						
Name Operating trading or partnership n	ame (if different from name above): If you have	e more th:	an one h	usiness or	if your bus	siness or	serates under more	than on	Language English	French
	ace, include the information on a separate piec			4011000 01	n your but	om 1000 op	oraco ando moro	than on	o name, emer a	
Business address								P	ostal or zip code	е
Mailing address (if different from bu	siness address)							Р	ostal or zip code	е
First name	☐ Englis	nguage sh	nch	itle	Teleph	one num	ber Fa	ax numb	er	
Financial institution – Enter the nam	ne and address of the branch you use for your	business	transact	ions.						
A2 Client ownership type										
☐ Individual If so, are y ☐ Partnership ☐ Other Are you incorpora Check the box that best describes				stic emplo		certificate	e of incorporation or	amalga	amation.)	
_ ′	ssociation Financial institution University Trust	rsity/schoo		Municipal None of th	governme ne above	nt				
Enter the following informat director(s), or officer(s) of ve	ion for the sole proprietor, domestic e our business. If you need more space,	mployer include	, or for	ster pare	nt. Also on a se	enter the	is information for piece of paper.	or the p	partner(s), co	rporate
First name	Last name						e telephone numbe	r H	ome fax numbe	r
Title		So	ocial ins	urance nur	mber	Work	telephone number	w (ork fax number	
First name	Last name		•			Hom	e telephone numbe	r H	ome fax numbe	r
Title		So	ocial ins	urance nur	nber	Work	telephone number	w (ork fax number	
A3 Major commercial activity	<u>′</u>									
Clearly describe your major busine	ss activity.									
Specify up to three main products										%
that you mine, manufacture, or sell or services you provide or contract										
Also, please estimate the	· 									<u></u> %
percentage of revenue that each product or service represents.										<u></u> %
A4 Requestor information (Co	mplete this area if you are registering for a BN	l on behal	f of a clie	ent.)						

Canadä

Day

Year

Month

Your name (please print)

Your company's name (please print)

A5 GST/HS	ST information										
	sell or provide go		s in Canada?						Y	es 🗌	No 🗌
If <i>no</i> , you cannot register for GST/HST. If you <i>export</i> , you may be deemed to be selling or providing goods or services in Canada. See our pamphlet for details.											
Will your annual worldwide GST/HST taxable sales (including those of any associates) be more than \$30,000, or \$50,000 if you are a public service body? Yes								No 🗌			
If yes to either	of the above ques	stions, you m u	st register for GST/HST.								
Do you operat	e a taxi or limousir	ne service?							Y	es 🗌	No 🗌
Are you a non-	resident who char	rges admissio	n directly to audiences at a	activities or e	vents in Canada?				Y	es	No 🗌
If yes to either	of the above, you	must register	for GST/HST, even if you	r worldwide (SST/HST taxable s	ales will be \$30),000 or less.				
Are all the goods or services you sell or provide exempt from GST/HST? Yes If yes, you cannot register for GST/HST. See our pamphlet for an explanation of exempt goods and services.								es 🗌	No 🗌		
	register voluntaril hlet for more inforr	•							Y	es	No 🗌
Gee our parrip	met for more inion	nauon.									
Part B - 0	SST/HST acc	count info	rmation								
			a BN GST/HST accoun	t.							
Do you want	us to send you	GST/HST in	formation? Yes	□ No							
-	account identific				1.)						
	c/o	•			Account name (enter name to	which we should	address correspo	ondence.)		
Mailing address for	Address										
GST/HST purposes									Postal	or zip c	ode
									. colai	o. <u>L.</u> p o	-
	n (If you choose to	name a conta	act for your account, see o	ur pamphlet		n.)			Language		
First name					Last name				Language	•	
Title				ITala	shana numbar	l Fay n	mh a r		English	Fr	ench
Title				(ohone number	(number)				
				\	,	\	/				
B2 Filing information											
Enter the fisca	al year-end of you	r business.	Month Da	ay							
Estimate you	r annual GST/HST	taxable sales	in Canada (including thos	se of any ass	ociates in Canada)	•		Enter the effect	•		n for
	,000 or less			_	than \$500,000 to \$			GSI	/HST purpose:	5.	
	☐ more than \$30,000 to \$200,000 ☐ more than \$1,000,000 to \$6,000,000 ☐ impore than \$200,000 to \$500,000 ☐ year Month Day							v			
	e man \$200,000 id	J \$500,000		more	than \$6,000,000			1001	Worker	Du	,
B3 Election	respecting your	reporting pe	iod								
If your estin	nated total annual	GST/HST tax	able sales and revenues a	re \$500,000	or less, you will be	assigned an aı	nnual reporting	period. If your e	estimated total	annual	
GST/HST s	ales and revenues	s are more tha	n \$500,000 to \$6,000,000	, you will be a	assigned a quarter	ly reporting pe	eriod. If you have	e more than \$6,0	00,000 in taxa	ble sale	es and
revenues, y	ou must file montl	hly. If you wis	n to file more frequently the	an your assig	ned period, please	check one of t	he following boxe	es: Quarter	ly 🔲 Month	ly	
You cannot	elect to file less fr	equently than	your assigned reporting p	eriod.							
B4 Type of	operation										
01 Govern	nment, municipality		istered charity (provide r registration no.)		alifying non-profit anization	04 🔲	Listed financial	institution 05	University board, ho		ol
	enture operator partnership)	adr	n-resident who charges nission directly to cotators or attendees	on	n-resident who carr commercial activition ada		Taxi or limousine	operator ⁹⁹	☐ None of t	he abo	ve
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.)											
		Permanent establishm		ial Perma ity establ		Commerc activ			mercial Pe activity es		
	Alberta		New Brunswick]	Nova Scotia		Qu	ebec 🗌		
British	Columbia 🔲		Newfoundland		_	Ontario		Saskatche			
	Manitoba		Northwest Territories		Prince Ed	dward Island		Yukon Ter	ritory \square		

Part C Payroll deductions account information – Complete C1 and C2 if you need a BN payroll deductions account.								
Do you want us to send you payroll deductions information? Yes ☐ No ☐								
		leductions account identification. (Check box ☐ if same as in Part A1 on page 1.)						
Acco	ount name							
Addı	ress							
				Postal or zip code				
		c/o						
	lailing Idress	Address						
	payroll luctions			Postal or zip code				
				1 ootal of zip oodo				
	tact persor name	(If you choose to name a contact for your account, see our pamphlet for more information.) Last name	Lar	guage				
			☐ Englis	sh French				
Title		Telephone number Fax number ()						
		information (Please complete this area so that we can send you the information you need.)						
a)	Type of p	rayment rroll □ Registered retirement savings plan						
		gistered retirement income fund Other (specify)						
b)	How ofte Daily Mon							
c)	Will you (use your own computer program for payroll purposes? No Yes If <i>yes</i> , do you need our payroll formulas?	□No □ Y	es				
d)	Do you u	se a payroll service bureau?						
e)	Do you w	rant to receive a copy of the Payroll Deductions Tables?						
	If <i>yes</i> , se	lect one of the following. paper Windows diskette DOS diskette						
f)	When wil	I you make the first payment to your employees or payees? Year Month Day						
g)	What is t	ne 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 season	al, please check month(s) of operation.						
i)	If the bus	iness is a corporation, is the corporation a subsidiary or an affiliate of a foreign corporation?	country					
j)	Are you a	a franchisee?						

Part D Import/ex	port account information – Complete D1 and D2	2 if you need a BN import/exp	ort account for customs acco	ounting purposes.
Do you want	us to send you import/export information?	es 🗌 No		
D1 Import/e	xport account identification (Check box if same as	s in Part A1 on page 1.)		
Import/export a	account name			
Address				
				Postal or zip code
	c/o			1
Mailing address (if different	Address			
from above)				Postal or zip code
Contact persor First name	I (If you choose to name a contact for your account, see our pan	nphlet for more information.) Last name		Language
				English French
Title		Telephone number ()	Fax number (
Dalı "	xport information			
If exporter, er	nter the estimated annual value of goods you are exporting. \$ _			
Part E – C	orporate income tax account information -	Complete E1 if you need a	BN corporate income tax acc	count.
E1 Corpora	te income tax account identification (Check box 🔲 if c/o	same as in Part A1 on page	1.)	
Mailing address for corporate tax	Address			
purposes				Postal or zip code
Contact persor First name	I n (If you choose to name a contact for your account, see our pan	nphlet for more information.) Last name		Language
Title		Telephone number	Fax number	☐ English ☐ French
		()	()	
Part F – C	Sertification - All businesses have to complete this a	rea.		
	zed person, I, y knowledge, correct and complete.	, certify that the informat	ion given on this form and in	any document attached is, to
	Signature of authorized person	Position or office		Year Month Day