



FOR OFFICE USE

BN | | | | | | | | | |

Request for a Business Number and Certain Program Accounts

Fill in this form to apply for a business number (BN) and to register for certain program accounts. If you operate more than one business as a sole proprietor, your BN applies to all your businesses. Once filled in, send this form to the **Prince Edward Island Tax Centre** or the **Sudbury Tax Centre**. The tax centres are listed at canada.ca/tax-centres.

For more information, go to canada.ca/business-number or call **1-800-959-5525**.

Do **not** use this form **if both** of the following apply to you:

- You are a selected listed financial institution (SLFI) for goods and services tax/harmonized sales tax (GST/HST) purposes or Quebec sales tax (QST) purposes, or both
- You want to register for GST/HST and QST purposes or you are already registered for GST/HST purposes and want to register for QST purposes only.

Instead, use form RC7301, Request for a Business Number and Certain Program Accounts for Certain Selected Listed Financial Institutions. For more information, including the definition of an SLFI for GST/HST **and** QST purposes, go to canada.ca/gst-hst-financial-institutions.

Note: If your business is in the province of Quebec and you are registering for a GST/HST program account, do not use this form. Instead, contact Revenu Québec, unless you are an SLFI. If you are an SLFI and you are only registering for the GST/HST program account that will not include QST information, use this form unless you are registering because you are making or joining a consolidated filing election.

Register for a business number

I want to register for a business number (BN)
Part A

Register for program accounts

I want to register for the following program accounts (tick all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> GST/HST (RT)
Part B | <input type="checkbox"/> Payroll deductions (RP)
Part C | <input type="checkbox"/> Corporation (RC)
Part D |
| <input type="checkbox"/> Information return (RZ)
Part E | <input type="checkbox"/> Import-export (RM)
Part F | <input type="checkbox"/> Charity (RR)
Part G |

Note:

- You must have a BN if you only want to register for program accounts.
- To register for additional payroll deductions, information return, import-export, or charity program accounts, fill in another part C, E, F, or G, as applicable, of another form RC1 and attach it to this form.
- You do not need to fill in Part D if you incorporated your business federally or with a province which has partnered with the Canada Revenue Agency (CRA). If this is the case, a BN and a corporation income tax program account (RC) will be automatically assigned to you by the CRA. For a list of the provinces that have partnered with the CRA, go to canada.ca/business-number and click on "When you need a business number or Canada Revenue Agency program accounts." Then click on "Corporation income tax (RC)."
- By giving us your email address, you are signing up to receive email notifications from the CRA. Once signed up, we stop sending you most CRA mail on paper. Instead, we send you an email when notices, letters, and statements are available in My Business Account. To register for My Business Account, go to canada.ca/my-cra-business-account.

Based on your selections, please fill in the following parts:

- Part A, **General business information** (all businesses must fill in this part)
- Part B, **Registering for a GST/HST program account (RT)**
- Part C, **Registering for a payroll deductions program account (RP)**
- Part D, **Registering for a corporation income tax program account (RC)**
- Part E, **Registering for an information return program account (RZ)**
- Part F, **Registering for an import-export program account (RM)**
- Part G, **Requesting a charity program account (RR)**
- Part H, **Certification** (all businesses must fill in and sign this part)

Direct deposit

For more information, go to canada.ca/cra-direct-deposit.

Part A – General business information

Part A1 – Ownership type and operation type

Indicate your ownership type (tick only one box):

- Individual Partnership Trust Corporation Other (specify) _____

Are you incorporated?

- Yes No

If **yes**, you have to provide one of the following (tick only one box):

- a copy of the certificate of incorporation or amalgamation
 the information requested in Part D

Tick the box below that best describes your type of operation (if none apply, leave this section blank):

- | | | |
|---|---|---|
| <input type="checkbox"/> Sole proprietor | <input type="checkbox"/> Federal government (publicly funded) | <input type="checkbox"/> Other government body |
| <input type="checkbox"/> Society | <input type="checkbox"/> Federal government (not publicly funded) | <input type="checkbox"/> Strata condo corporation |
| <input type="checkbox"/> Employer of a domestic | <input type="checkbox"/> Provincial government | <input type="checkbox"/> Association |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Municipal government | <input type="checkbox"/> University/school |
| <input type="checkbox"/> Religious body | <input type="checkbox"/> Financial institution | <input type="checkbox"/> Union |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Employer-sponsored plan | <input type="checkbox"/> Diplomat |

Part A2 – Owners information

Enter information for the sole proprietor, or all partners, corporation directors, or officers of the business. If you need more space, include the information on a separate piece of paper. The social insurance number (SIN) is **mandatory** for the sole proprietor applying to register for a GST/HST program account (Social Insurance Number Disclosure Regulations, Excise Tax Act).

You can authorize a representative to deal with the CRA about your BN program accounts at canada.ca/taxes-representative-authorization.

Note: Online access must be requested through My Business Account at canada.ca/my-cra-business-account, Represent a Client at canada.ca/taxes-representatives or by EFILE.

First name	Last name		Social insurance number
Title	Work telephone number	Ext.	Work fax number
Occupation	Home telephone number	Ext.	Home fax number
First name	Last name		Social insurance number
Title	Work telephone number	Ext.	Work fax number
Occupation	Home telephone number	Ext.	Home fax number

Part A – General business information (continued)

Part A3 – Business information		
Business name (Legal name)		Business number
Operating, trade, or partnership name (if different from business legal name). If you are a sole proprietor with more than one business or if your business operates under more than one name, enter the names here. If you need more space, include the information on a separate piece of paper.		
Physical business location		City
Province, territory, or state	Country	Postal or ZIP code
Mailing address (if different from the physical business location)		City
Province, territory, or state	Country	Postal or ZIP code
Address of business records (if different from the physical business location)		City
Province, territory, or state	Country	Postal or ZIP code
Language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French		
Part A4 – Major business activity		
Describe your major business activity with as much detail as possible. Use at least a noun, a verb, and an adjective to describe your activity. Example: Residential construction – Installing hardwood flooring.		
Note: Indicate if you are a listed financial institution or an SLFI for GST/HST purposes and a resident of Canada.		

Specify up to 3 main products or services that you provide and the estimated percentage of revenue they each represent.		
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Part A – General business information (continued)

Part A5 – GST/HST information	
Do you provide or plan to provide property 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your total annual revenues from your worldwide taxable supplies, including those of any associates, more than \$30,000? If yes , you must register for GST/HST, unless you are a non-resident and do not carry on business in Canada for GST/HST purposes. Note: Special rules apply to public service bodies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a public service body whose total annual revenues from worldwide taxable supplies, including those of any associates, are more than \$50,000? If yes , you must register for GST/HST. Note: Special rules apply to charities and public institutions with respect to the qualification of these organizations as a small supplier.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all the property and services you sell or provide exempt from GST/HST? Note: In general, when you sell or provide only exempt property and services, you cannot register for the GST/HST, unless you are a listed financial institution resident in Canada.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you operate a taxi, commercial ride-sharing, or limousine service? If yes , you must register for GST/HST, regardless of your revenue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an individual whose sole activity subject to GST/HST is from commercial rental income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a non-resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a non-resident who enters Canada to directly supply taxable admissions to a place of amusement, a seminar, an activity, or an event held in Canada? If yes , you must register for GST/HST, regardless of your revenue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to register voluntarily? By registering voluntarily, you must begin to charge GST/HST on your taxable supplies, other than zero-rated supplies, made in Canada and file returns even if your total annual revenues from your worldwide taxable supplies are \$30,000 or less (\$50,000 or less if you are a public service body).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an SLFI that is required to be registered for GST/HST because you are making a reporting entity election or a tax adjustment transfer election, and you are not making a consolidated filing election or electing to be added to an existing consolidated filing election?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part B – Registering for a GST/HST program account (RT)

If you want to register for a separate GST/HST program account for a branch or division of a head office, fill in form GST10, Application or Revocation of the Authorization to File Separate GST/HST Returns and Rebate Applications for Branches or Divisions.

Note: More information must be provided if the effective date of registration indicated below is more than 30 days before the date of application for registration. Usually, depending on the business's situation, you must provide one of the following:

- sale invoices or other documents proving that the business began charging the GST/HST on the effective date entered on this form if you are voluntarily registering for the GST/HST
- a document (a balance sheet, a financial statement, or an information slip) proving that the business is required to register for GST/HST purposes because its revenues from taxable supplies, including zero-rated supplies, exceeded \$30,000 (or \$50,000 for a public service body) over the last four calendar quarters or in a single calendar quarter

Part B1 – GST/HST program account identification		
If the information is the same as in Part A3, tick this box. <input type="checkbox"/>		
If you want to use a separate name for this program account, enter the name.		
Email address (for information on how we will use your email address, see page 1)		
Physical business location		City
Province, territory, or state	Country	Postal or ZIP code
Mailing address (if different from the physical business location) for GST/HST purposes		City
Province, territory, or state	Country	Postal or ZIP code
Language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French		

Part B – Registering for a GST/HST program account (RT) (continued)**Part B2 – Filing information**

Enter the total annual revenue from your **taxable supplies in Canada** (dollar amount only — if you have no revenues, enter "0").

\$ _____

Enter the total annual revenue from your **worldwide taxable supplies** (dollar amount only — if you have no revenues, enter "0").

\$ _____

Enter the fiscal year-end for GST/HST purposes. If you do not enter a date, we will enter December 31.

Date (MMDD)

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.

Date (MMDD)

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

Date (YYYYMMDD)

Part B3 – Reporting period

Unless you are a charity or a listed financial institution* (other than a deemed listed financial institution), we will assign you a reporting period based on your total annual revenues from GST/HST taxable supplies made in Canada (including those of your associates) for the **preceding year**. Tick the box in the left column that applies to you. If you want to elect to have a different reporting period than the one that would be assigned to you, your options are listed below. Tick the box in the right column that applies to you.

Reporting period election

Tick **yes** if you want to file more frequently than the reporting period that would be assigned to you.

Yes No

Total annual revenue from taxable supplies in Canada (including those of your associates)	Reporting period assigned to you, unless you choose to change it (see next column)	Reporting period 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"/> Charity	Annual	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Listed financial institution	Annual	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly**

* Other than persons who are deemed to be a listed financial institution because a section 150 election is in effect to deem certain taxable supplies to be exempt supplies of financial services.

** Only available if your total annual GST/HST taxable supplies in Canada (including those of your associates) do not exceed \$6 million.

Part C – Registering for a payroll deductions program account (RP)

Fill in parts C1 and C2 if you need a payroll deductions program account.

Fill in a separate RC1 form for each division of your business that requires a payroll deductions program account.

Part C1 – Payroll deductions program account identification		
If the information is the same as in Part A3, tick this box. <input type="checkbox"/>		
If you want to use a separate name for this program account, enter the name. For example, a section or a division name.		
Email address (for information on how we will use your email address, see page 1)		
Physical business location		City
Province, territory, or state	Country	Postal or ZIP code
Mailing address (if different from the physical business location)		City
Province, territory, or state	Country	Postal or ZIP code
Language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French		

Part C – Registering for a payroll deductions program account (RP) (continued)

Part C2 – General information

What type of payment will you be making?

- Payroll deductions Registered retirement savings plan
 Registered retirement income fund Other (specify) _____

How often will you pay your employees or payees? Please tick the pay periods that apply.

- Daily Weekly Bi-weekly Semi-monthly
 Monthly Annually Other (specify) _____

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

What is the expected total of employee salaries for the next 12 months? _____

When will you make the first payment to your employees or payees?

Date (YYYYMMDD)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

If the business is a corporation, is it a subsidiary or an affiliate of a foreign corporation?

- Yes No

If **yes**, enter the country: _____

Are you a franchisee?

- Yes No

If **yes**, enter the name and country of the franchisor: _____

Part D – Registering for a corporation income tax program account (RC)

If you need a corporation income tax program account, fill in Part D1.

Part D1 – Corporation program account identification

If the information is the same as in Part A3, tick this box.

Name (as listed on your certificate of incorporation)

Email address (for information on how we will use your email address, see page 1)

Physical business location

City

Province, territory, or state

Country

Postal or ZIP code

Mailing address (if different from the physical business location)

City

Province, territory, or state

Country

Postal or ZIP code

Language of correspondence:

English French

Part D2 – Canadian certificate of incorporation or amalgamation

If you have not provided a copy of your certificate of incorporation or amalgamation you **must** fill in parts D2 and D3.

Certificate number: _____

Date (YYYYMMDD)

Date of incorporation

Date of amalgamation

Note: If you are a non-resident corporation that has incorporated outside of Canada, you must provide us with a copy of your certificate of incorporation or amalgamation.

Part D3 – Indicate the jurisdiction of your business

Federal

Provincial _____ (province or territory)

Foreign _____ (country or state)

Part E – Registering for an information return program account (RZ)**Part E1 – Information return program account identification**

If the information is the same as in Part A3, tick this box.

If you want to use a separate name for this program account, enter the name. For example, a section or a division name.

Email address (for information on how we will use your email address, see page 1)

Physical business location

City

Province, territory, or state

Country

Postal or ZIP code

Mailing address (if different from the physical business location)

City

Province, territory, or state

Country

Postal or ZIP code

Language of correspondence:

English French

Part E2 – Information return program account details

Program account type – select only one. If you need more than one program account type, fill in another part E on another form RC1 and attach it to this form:

Program account types	Information returns requiring an RZ account
<input type="checkbox"/> T5 group	<ul style="list-style-type: none"> • T5 – Return of Investment Income • T5007 – Return of Benefits • T5008 – Return of Security Transactions • T2202 – Tuition and Enrolment Certificate • RRSP – Contribution Receipts • PRPP – Pooled Registered Pension Plan (PRPP) • RRSP and RRIF Non-Qualified Investments • SAFER – Manitoba Shelter Allowance for Elderly Renters • Part XVIII Information Return – International Exchange of Information on Financial Accounts • Part XIX Information Return – International Exchange of Information on Financial Accounts
<input type="checkbox"/> TFSA	<ul style="list-style-type: none"> • TFSA – Tax-Free Savings Account
<input type="checkbox"/> T5018	<ul style="list-style-type: none"> • T5018 – Contract Payment Reporting
<input type="checkbox"/> Partnerships	<ul style="list-style-type: none"> • T5013 – Partnership Information Return • T106 – Information Return of Non-Arm's Length Transactions with Non-Residents (only if filed by a partnership) • T1134 – Information Return Relating to Controlled and Not-Controlled Foreign Affiliates (2011 and later taxation years—only if filed by a partnership)

Enter the effective date of registration for the information return program account.

Date (YYYYMMDD)

Part F – Registering for an import-export program account (RM)

If you need an import-export program account for commercial purposes (you do not need to register for an import-export program account for personal importation), fill in parts F1 and F2.

Fill in a separate RC1 form for each branch or division of your business that needs an import-export program account for commercial purposes.

Part F1 – Import-export program account identification												
If the information is the same as in Part A3, tick this box. <input type="checkbox"/>												
If you want to use a separate name for this program account, enter the name. For example, a section or a division name.												
Physical business location		City										
Province, territory, or state	Country	Postal or ZIP code										
Mailing address (if different from the physical business location)		City										
Province, territory, or state	Country	Postal or ZIP code										
Language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French												
Part F2 – Import-export information												
Type of account: <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Both Importer-exporter <input type="checkbox"/> Meeting, convention, and incentive travel												
If you are applying for an exporter account, you must enter all of the following information:												
Enter the type of goods you are or will be exporting: <hr/> <hr/> <hr/>												
Enter the estimated annual value of goods you are or will be exporting: _____												
Enter the effective date of registration for the import-export program account.												
Date (YYYYMMDD) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

Part G – Requesting a charity program account (RR)

Part G1 – Charity program account identification												
If the information is the same as in Part A3, tick this box. <input type="checkbox"/>												
If you are an internal division, provide your section or division name.												
Email address (for information on how we will use your email address, see page 1)												
Physical business location		City										
Province, territory, or state	Country	Postal or ZIP code										
Mailing address (if different from the physical business location)		City										
Province, territory, or state	Country	Postal or ZIP code										
Books and records address		City										
Province, territory, or state	Country	Postal or ZIP code										
Language of correspondence:												
<input type="checkbox"/> English <input type="checkbox"/> French												
Part G2 – Charity information												
Program account type – select only one.												
<input type="checkbox"/> Charity												
<input type="checkbox"/> Canadian amateur athletic association (CAAA)												
<input type="checkbox"/> National arts service organization (NASO)												
Note:												
<ul style="list-style-type: none"> • Having an RR program account does not mean you are a registered charity, a registered CAAA or a registered NASO. Before you can operate as a registered charity, a registered CAAA or a registered NASO, you must apply under the Income Tax Act and be approved by the CRA. • Even if a NASO has an RR program account and is registered by the CRA under the Income Tax Act, it will not be considered a charity for GST/HST purposes. However, a registered CAAA is a charity for GST/HST purposes. 												
To complete the application process, you must add your new program account to your Business Number profile. To do this, log into the CRA's My Business Account service and submit your online application for registration in the "Registered Charity" section.												
Enter the effective date of registration for the charity program account.												
Date (YYYYMMDD) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

Part H – Certification

All businesses **must** fill in and sign this part in order for the form to be processed. After you register your program account we may contact you to confirm the information you provided. At that time we may ask you to provide more information. We can serve you better when you have complete and valid information on file for your business.

Note: Provide the name **and** social insurance number (SIN) of one of the following: owner, partner, or corporate director. The SIN is **mandatory** for individuals (sole proprietors) applying to register for a GST/HST program account (Social Insurance Number Disclosure Regulations, Excise Tax Act).

Social insurance number First name: _____
 _____ Last name: _____

The individual signing this form is (tick only one box):

- an owner
- a partner of a partnership
- a corporate director
- a corporate officer
- an officer of a non-profit organization
- a trustee of a trust
- a third party requestor

First name	Last name
Title	Telephone number

I certify that the information given on this form is correct and complete.

Signature Date (YYYYMMDD)

To administer tax, benefits, rebates, elections, and related programs, personal information is collected under the following Acts:

- Income Tax Act
- Excise Tax Act
- Customs Act
- And other legislation

It may also be used for any purpose related to the enforcement of the aforementioned acts, such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Income Tax Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 223 on Info Source at canada.ca/cra-info-source.