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Request for a business number and certain	
program accounts	BN

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For more information, go to canada.ca/businesses. Once filled in, send this form to your tax centre. The tax centres are listed at canada.ca/tax-centres.  For more information, go to canada.ca/businesses-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 (GST) purposes, or both  • You want to register for GST/HST and QST purposes or you want to register for QST purposes  nstead, 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 the following program accounts (tick all that apply):   GST/HST (RT)	Till in this form to apply for a business number			
Quebec sales tax (QST) purposes, or both  • You want to register for GST/HST and QST purposes or you want to register for QST purposes 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 filling 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):  GST/HST (RT) Payroll deductions (RP) Corporation (RC) Information return (RZ) Import-export (RM) Part B Part C Part D Part E Part F  Note:  • You must have a BN if you only want to register for program accounts • To register for additional payroll deductions, import-export, or information return program accounts, fill in another RC1 form  Based on your selections, please fill in the following parts:				
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 want to register for QST purposes nstead, 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 filling election.  Register for a business number    I want to register for a business number (BN)	For more information, go to canada.ca/busine	ess-number or call 1-800-959-5525.		
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•To register for additional payroll deductions, import-export, or information return program accounts, fill in another RC1 form Based on your selections, please fill in the following parts:	Note:			
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	Based on your selections, please fill in the fo	ollowing parts:		
● Part A, <b>General business information</b> . All businesses must fill in this part	Part A, General business information.	All businesses must fill in this part		
● Part B, Registering for a GST/HST program account (RT)	<ul> <li>Part B, Registering for a GST/HST prog</li> </ul>	gram 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 E, Registering for an information return program account (RZ)		· • · · ·		
	Direct deposit			
<ul> <li>Part E, Registering for an information return program account (RZ)</li> <li>Part F, Registering for an import-export program account (RM)</li> </ul>		<u> </u>	otions and for more information, go to	canada.ca/cra-direct-deposit.
<ul> <li>Part E, Registering for an information return program account (RZ)</li> <li>Part F, Registering for an import-export program account (RM)</li> <li>Part G, Certification. All businesses must fill in and sign this part</li> <li>Direct deposit</li> <li>To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and for more information, go to canada.ca/cra-direct-deposit.</li> </ul>				
<ul> <li>Part E, Registering for an information return program account (RZ)</li> <li>Part F, Registering for an import-export program account (RM)</li> <li>Part G, Certification. All businesses must fill in and sign this part</li> <li>Direct deposit</li> <li>To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and for more information, go to canada.ca/cra-direct-deposit.</li> <li>Part A - General business information</li> </ul>	art A1 – Ownership type and operation	n type		
<ul> <li>Part E, Registering for an information return program account (RZ)</li> <li>Part F, Registering for an import-export program account (RM)</li> <li>Part G, Certification. All businesses must fill in and sign this part</li> <li>Direct deposit</li> <li>To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and for more information, go to canada.ca/cra-direct-deposit.</li> </ul>	ndicate your ownership type (tick only one box	x):		
<ul> <li>Part E, Registering for an information return program account (RZ)</li> <li>Part F, Registering for an import-export program account (RM)</li> <li>Part G, Certification. All businesses must fill in and sign this part</li> <li>Direct deposit</li> <li>To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and for more information, go to canada.ca/cra-direct-deposit.</li> <li>Part A – General business information</li> <li>Part A1 – Ownership type and operation type</li> </ul>	Individual Partnership Trust	Corporation Other (specify)		
Part E, Registering for an information return program account (RZ)  Part F, Registering for an import-export program account (RM)  Part G, Certification. All businesses must fill in and sign this part  Direct deposit  To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and 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?			
<ul> <li>Part E, Registering for an information return program account (RZ)</li> <li>Part F, Registering for an import-export program account (RM)</li> <li>Part G, Certification. All businesses must fill in and sign this part</li> <li>Direct deposit</li> <li>To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and for more information, go to canada.ca/cra-direct-deposit.</li> <li>Part A – General business information</li> <li>Part A1 – Ownership type and operation type</li> <li>Indicate your ownership type (tick only one box):</li> </ul>	Yes No			
Part E, Registering for an information return program account (RZ)  Part F, Registering for an import-export program account (RM)  Part G, Certification. All businesses must fill in and sign this part  Direct deposit  To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and for more information, go to canada.ca/cra-direct-deposit.  Part A – General business information  Part A1 – Ownership type and operation type  Individual Partnership Trust Corporation Other (specify)  Are you incorporated?	If Yes, you have to provide one of the followi	ing (tick only one box):		
Part E, Registering for an information return program account (RZ)  Part F, Registering for an import-export program account (RM)  Part G, Certification. All businesses must fill in and sign this part  Direct deposit  To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and for more information, go to canada.ca/cra-direct-deposit.  Part A – General business information  Part A1 – Ownership type and operation type  Individual Partnership Trust Corporation Other (specify)  Are you incorporated?		or amalgamation		
Part E, Registering for an information return program account (RZ)  Part F, Registering for an import-export program account (RM)  Part G, Certification. All businesses must fill in and sign this part  Direct deposit  To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and 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)  Yes No				
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Part E, Registering for an information return program account (RZ) Part F, Registering for an import-export program account (RM) Part G, Certification. All businesses must fill in and sign this part  Direct deposit To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and 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	a copy of the certificate of incorporation the information requested in Part D	pe of operation (if none apply, leave this se	ection blank):	
Part E, Registering for an information return program account (RZ)  Part F, Registering for an import-export program account (RM)  Part G, Certification. All businesses must fill in and sign this part  Direct deposit  To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and 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	a copy of the certificate of incorporation the information requested in Part D  Tick the box below that best describes your type		· _	ent body
Part E, Registering for an information return program account (RZ) Part F, Registering for an import-export program account (RM) Part G, Certification. All businesses must fill in and sign this part  Direct deposit To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and 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):	a copy of the certificate of incorporation the information requested in Part D  Tick the box below that best describes your type  Sole proprietor	Federal government (publicly funded)	Other governm	
Part E, Registering for an information return program account (RZ) Part F, Registering for an import-export program account (RM) Part G, Certification. All businesses must fill in and sign this part  Direct deposit To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and 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): Individual 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): Sole proprietor Federal government (publicly funded)  Other government body	a copy of the certificate of incorporation the information requested in Part D  Tick the box below that best describes your type  Sole proprietor  Society	Federal government (publicly funded) Federal government (not publicly funded)	Other governm	
Part E, Registering for an information return program account (RZ) Part F, Registering for an import-export program account (RM) Part G, Certification. All businesses must fill in and sign this part  Direct deposit To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and 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): In 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): Sole proprietor Federal government (publicly funded) Other government body Society Federal government (not publicly funded) Strata condo corporation	a copy of the certificate of incorporation the information requested in Part D  Tick the box below that best describes your type  Sole proprietor  Society  Employer of a domestic	Federal government (publicly funded) Federal government (not publicly fundation of provincial government)	Other governm  ded)  Strata condo co  Association	prporation
Part E, Registering for an information return program account (RZ) Part F, Registering for an import-export program account (RM) Part G, Certification. All businesses must fill in and sign this part  Direct deposit To use this option, fill in Form RC366, Direct Deposit Request for Businesses. For online options and 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): If 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): Sole proprietor Federal government (publicly funded) Other government body Society Federal government (not publicly funded) Strata condo corporation Employer of a domestic Provincial government Association	a copy of the certificate of incorporation of the information requested in Part D  Tick the box below that best describes your type  Sole proprietor  Society  Employer of a domestic  Foster parent	Federal government (publicly funded) Federal government (not publicly fund Provincial government Municipal government	Other governm  ded)  Strata condo co  Association  University/scho	prporation
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Based on your selections, please fill in the following parts:		egister for program accounts		
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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 filling election.  Register for a business number    I want to register for a business number (BN)   Part A			lized sales lax (GST/HST) pulposes (	וו
Quebec sales tax (QST) purposes, or both  • You want to register for GST/HST and QST purposes or you want to register for QST purposes 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 filling 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):  GST/HST (RT) Payroll deductions (RP) Corporation (RC) Information return (RZ) Import-export (RM) Part B Part C Part D Part E Part F  Note:  • You must have a BN if you only want to register for program accounts • To register for additional payroll deductions, import-export, or information return program accounts, fill in another RC1 form  Based on your selections, please fill in the following parts:	• •		oizad aglas tov (CST/UST) purpagas	A.F.
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 want to register for QST purposes nstead, 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 filling election.  Register for a business number    I want to register for a business number (BN)	. •			
On 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 want to register for QST purposes or stead, 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):  GST/HST (RT) Payroll deductions (RP) Corporation (RC) Information return (RZ) Import-export (RM) Part B  Note:  • You must have a BN if you only want to register for program accounts  • To register for additional payroll deductions, import-export, or information return program accounts, fill in another RC1 form Based on your selections, please fill in the following parts:	our BN will apply to all your businesses. Once	e filled in, send this form to your tax centre.		
For more information, go to canada.ca/businesses. Once filled in, send this form to your tax centre. The tax centres are listed at canada.ca/tax-centres.  For more information, go to canada.ca/businesses-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 (GST) purposes, or both  • You want to register for GST/HST and QST purposes or you want to register for QST purposes  nstead, 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 the following program accounts (tick all that apply):   GST/HST (RT)	-III IN INIS IOMI TO ADDIV TOLA DUSINESS NUMBEL	(BN) and to register for certain program ac	ecounts. If you are a sole proprietor wi	th more than one business.
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 want to register for QST purposes  nstead, 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 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):  GST/HST (RT) Payroll deductions (RP) Corporation (RC) Information return (RZ) Import-export (RM)  Part B Part C Part D Part E  Note:  • You must have a BN if you only want to register for program accounts  • To register for additional payroll deductions, import-export, or information return program accounts, fill in another RC1 form  Based on your selections, please fill in the following parts:	Till in this form to apply for a business number			



Part A2 – Owners information									
Enter information for the sole proprietor, or all partners separate piece of paper.  The social insurance number (SIN) is <b>mandatory</b> for t Disclosure Regulations, Excise Tax Act.				•	,	•			
First name	•					Social i	Social insurance number (SIN)		
Title	Work telephone nu	mber	Extension	Work fax	number	Mobile	number		
Occupation	Home telephone nu	umber	Extension	Home fax	x number				
First name	Last name					Social i	nsurance nu	ımber (SIN)	
Title	Work telephone nu	mber	Extension	Work fax	number	Mobile	number		
Occupation	Home telephone nu	umber	Extension	Home fax	x number				
Contact person – Please provide the name of a contact person does not have author not have authority on the business number program as If you want to authorize a representative to deal with the fill in Form RC59, Business Consent.	ority unless they are all account, they cannot ch are Canada Revenue A	so an auth nange infor Agency (CF	orized repremation and RA) about yo	esentative we cannot our BN pro	or a delegated at share informate ogram accounts	authority. If a dition. only by teleph	contact pers	on does ail,	
Note: Online access must be requested through My Busine	ess Account at <b>canada.c</b>	ca/my-cra-t			epresent a Client	at canada.ca/t	axes-repres	entatives.	
st name			Last name	•					
Title	Telephone number		Extension	Fax numb	er	Mobile r	number		
Part A3 – Business information									
Business name (Legal name)						Busine	ss number	1 1 1	
Operating, trade, or partnership name (if different from than one name, enter the names here. If you need mo						r business ope	rates unde	r more	
Physical business location					City				
Province, territory, or state		Country					Postal or	ZIP code	
Mailing address (if different from the physical business c/o	s location)				City				
Province, territory, or state		Country					Postal or	ZIP code	
Address of business records (if different from the physic/o	ical business location)	)			City				
Province, territory, or state		Country					Postal or	ZIP code	
Language of correspondence:									
English French									
Part A4 – Major business activity									
Describe your major business activity with as much d Example: Construction – Installing residential hardwo <b>Note:</b> Indicate if you are a listed financial institution	od flooring.					cribe your activ	rity.		

Specify up to three main products or services that you provide and the esti	mated percentage of revenue the	y each represent.		
				%
				%
				%
Part A5 – GST/HST information				
Do you provide or plan to provide property or services in Canada or to expo If <b>no</b> , you generally cannot register for GST/HST. However, certain busines:			Yes	No
Are your total annual revenues from your worldwide taxable supplies, includ If <b>yes</b> , you <b>must</b> register for GST/HST. <b>Note</b> : Special rules apply to charities and public institutions.	ing those of any associates, more	e than \$30,000?	Yes	No
Are you a public service body whose total annual revenues from worldwide If <b>yes</b> , you <b>must</b> register for GST/HST. <b>Note:</b> Special rules apply to charities and public institutions.	taxable supplies are more than \$	50,000?	Yes	No
Are all the property and services you sell or provide exempt from GST/HST' <b>Note</b> : In general, when you sell or provide only exempt property and servi		ST/HST.	Yes	No
Do you operate a taxi, commercial ride-sharing, or limousine service? If <b>yes</b> , you <b>must</b> register for GST/HST, regardless of your revenue.			Yes	No
Are you an individual whose sole activity subject to GST/HST is from comm	ercial rental income?		Yes	No
Are you a non-resident?			Yes	No
Are you a non-resident who enters Canada to directly supply taxable admissevent held in Canada? If <b>yes</b> , you <b>must</b> register for GST/HST, regardless o		seminar, an activity, or an	Yes	No
Do you wish to register voluntarily? By registering voluntarily, you <b>must</b> beg zero-rated, supplies made in Canada and file returns even if your total annu are \$30,000 or less (\$50,000 or less if you are a public service body).			Yes	No
Are you an SLFI that is required to be registered because you are making a election, and you are not making a consolidated filing election or electing to			Yes	No
Part B – Registering for a GST/HST program account (RT	Γ)			
If you want to register for a separate GST/HST program account for a branch Authorization to File Separate GST/HST Returns and Rebate Applications for Note: More information must be provided if the effective date of registration registration. Usually, depending on the business's situation, you must sale invoices or other documents proving that the business began cluvoluntarily registering for the GST/HST; or	or Branches or Divisions. indicated below is more than 30 of provide one of the following:	days before the date of app	lication for	
<ul> <li>a document (a balance sheet, a financial statement, or an information because its revenues from taxable supplies, including zero-rated supplies, including zero-rated supplies.</li> </ul>				
Part B1 – GST/HST 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 nam	e. For example, a section or a div	rision name.		
Email address				
<b>Note</b> : By providing your email address, you are registering for online mail. V viewed in My Business Account at <b>canada.ca/my-cra-business-account</b> (s registered for online mail, we will no longer print and mail these corresponde	separate registration for My Busin			
Physical business location	,	City		
Province, territory, or state	Country		Postal o	r ZIP code
Mailing address (if different from the physical business location) for GST/HS	T purposes	City		
c/o Province, territory, or state	Country		Postal o	r ZIP code
Language of correspondence:				
English French				

Part B2 – Filing information						
Enter the total annual revenue from your taxable sup	plies in Canada (dollar amount only — if you have no	revenu	ies, enter "0").			
\$						
Enter the total annual revenue from your <b>worldwide t</b>	axable supplies (dollar amount only — if you have no	revenu	ues, enter "0").			
\$						
Enter the fiscal year-end for GST/HST purposes. If yo	u do not enter a date, we will enter December 31.					
Date (MMDD)						
Do you want to make an election to change the fiscal	vear-end for GST/HST purposes?					
Yes No	your one for Germer purposes.					
If <b>yes</b> , enter the date you would like to use.						
Date (MMDD)						
	T mumaaaa					
Enter the effective date of registration for GST/HS	i purposes.					
Date (YYYYMMDD)						
Part B3 – Reporting period				OT/LIOT (		
Unless you are a charity or a listed financial institution supplies made in Canada (including those of your ass	<ul> <li>we will assign you a reporting period based on your to ociates) for the preceding year. Tick the box in the le</li> </ul>	total ani ft colum	nual revenues from G in that applies to you.	If you wa	ant to elect to	
have a different reporting period than the one that you would otherwise be assigned, your options are listed below. Tick the box in the right column that applies to you.						
Reporting period election						
Tick <b>yes</b> if you want to file more frequently than the reporting period assigned to you.						
Yes No						
Total annual revenue from Reporting period assigned to you, unless you Reporting period assigned to you, unless you						
taxable supplies in Canada (including those of your associates)	choose to change it (see next column)		Reporting period	od option	ıs	
More than \$6,000,000	Monthly		No options a	vailable		
More than \$1,500,000 up to \$6,000,000	Quarterly		Mont	hly		
\$1,500,000 or less	Annual		Monthly or	Ī	Quarterly	
Charities	Annual		Monthly or		Quarterly	
Listed financial institutions	Annual		Monthly or		Quarterly*	
* Only available if your total a	nnual GST/HST taxable supplies in Canada (including	those	of your associates) do	not exce	eed \$6 million.	
Part C – Registering for a payroll deduct	tions program account (RP)					
Fill in parts C1 and C2 if you need a payroll deduction	s program account.					
Fill in a separate RC1 form for each division of your b	usiness that requires a payroll deductions program acc	count.				
Part C1 – Payroll deductions program accou	nt identification					
If the information is the same as in Part A3, tick this b	ox.					
If you want to use a separate name for this program a	ccount, enter the name. For example, a section or a d	ivision r	name.			
Email address						
Note: By providing your email address, you are regist	ering for online mail. We will send you an email when	notices,	letters, and statemer	nts are av	ailable to be	
	-business-account (separate registration for My Busi					
Physical business location	mail these correspondence items to you.	City				
,						
Province, territory, or state	Country			Posta	al or ZIP code	
Mailing address (if different from the physical busines	s location)	City				
c/o	s location)	City				
Province, territory, or state	Country	1		Posta	al or ZIP code	
Language of correspondence:						
English French						

Part C2 – General information			
a) What type of payment are you making?			
Payroll deductions Registered retirement s	avings plan		
Registered retirement income fund Other (specify)			
b) How often will you pay your employees or payees? Please tick the pay p			
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 1	2 months?	_
d) What is the expected total of employee salaries for the next 12 months?			
e) When will you make the first payment to your employees or payees?			
Date (YYYYMMDD)			
f) 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			
g) If the business is a corporation, is it a subsidiary or an affiliate of a foreig	n corporation?		
Yes No			
If <b>yes</b> , enter the country:			
h) Are you a franchisee?			
Yes No			
If <b>yes</b> , enter the name and country of the franchisor:			
Part D – Registering for a corporation income tax program	m account (RC)		
If you need a corporation income tax program account, fill in Part D1. If you I must fill in parts D2 and D3.	nave not provided a copy of you	r certificate of incorporation or a	malgamation you
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			
Note: Description of the state			
<b>Note</b> : By providing your email address, you are registering for online mail. W viewed in My Business Account at <b>canada.ca/my-cra-business-account</b> (s registered for online mail, we will no longer print and mail these corresponde	eparate registration for My Busi		
Physical business location	noo nome to you.	City	
Paralle and the state of the st	Occupation		D1-171D1-
Province, territory, or state	Country		Postal or ZIP code
Mailing address (if different from the physical business location)		City	
c/o Province, territory, or state	Country		Postal or ZIP code
i rovince, territory, or state	Country		1 OSIAI OI ZIF COUE
Language of correspondence:			
English French			

Part D2 – You mu	<b>ist</b> fill in this part if you <b>have not</b> provided a copy of you	ır Canadian certificate of incorp	oration or amalgamation.			
Certificate number	:					
	Date (YYYYMMDD)					
Data of incorporati						
Date of incorporation						
Date of amalgama	tion					
Note						
If you are a non-ramalgamation.	resident corporation that has incorporated outside of Ca	anada, you <b>must</b> provide us with a	copy of your certificate of inco	orporation or		
Part D3 – Indicate	e the jurisdiction of your business.					
Federal						
Provincial	(province or territory)					
Foreign	(country or state)					
		pageunt (P7)				
_	tering for an information return program a	account (RZ)				
	ation return program account identification					
	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						
viewed in My Busin	your email address, you are registering for online mail. ess Account at <b>canada.ca/my-cra-business-account</b> e mail, we will no longer print and mail these correspond	(separate registration for My Busi				
Physical business lo	ocation	•	City			
Province, territory, o	or state	Country		Postal or ZIP code		
Mailing address (if	different from the physical business location)		City			
c/o		•				
Province, territory, o	or state	Country		Postal or ZIP code		
Language of corres	pondence:					
English	French					
Program account ty	 pe – select only one. If you require more than one prog	ram account type, please comple	te another RC1 form			
Program account						
types	Informa	tion returns requiring an RZ ac	count			
	●T5 – Return of Investment Income					
	●T5007 – Return of Benefits					
	T5008 – Return of Security Transactions					
	• RRSP – Contribution Receipts					
T5 group	PRPP – Pooled Registered Pension Plan (PRPP)      PRPP – Pooled Registered Pension Plan (PRPP)					
	RRSP and RRIF Non-Qualified Investments					
	SAFER – Manitoba Shelter Allowance for Elderly Re     Dert XVIII Information Return – International Evolution		acusto.			
	Part XVIII Information Return – International Exchange     Part XIX Information Return – International Exchange	=				
TFSA	TFSA – Tax-Free Savings Account	e of information on Financial Acce	ounts			
	-					
T5018	T5018 – Contract Payment Reporting     T5013 – Detrocable Information Patture					
Partnerships	T5013 – Partnership Information Return  Information Return of Non-Arm's Length Tra	nsactions with Non-Residents (on	ly if filed by a partnershin)			
	T1134 – Information Return Relating to Controlled are			ly if filed by a partnership)		

Part F – Registering for an import-export program account	(DM)	· ·						
	` '	export program account for personal importation)						
If you need an import-export program account for commercial purposes (you do if ill 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.								
If you want to use a separate name for this program account, enter the name.	For example, a section or a div	ision name.						
Physical business location		City						
Province territory or state	`ountru	Postal or ZIP code						
Province, territory, or state	Country	Postal of ZIP code						
Mailing address (if different from the physical business location)		City						
c/o		<u> </u>						
Province, territory, or state	Country	Postal or ZIP code						
Language of correspondence:								
English French								
Part F2 – Import-export information								
Type of account:								
Importer Exporter Both Importer-exporter	Meeting, convention, and incen	tive travel						
If you are applying for an exporter account, you <b>must</b> enter all of the following	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 G – Certification								
All businesses <b>must</b> fill in and sign this part in order for the form to be proces information you provided. At that time we may ask you to provide more inform on file for your business.  Note								
Provide the name <b>and</b> social insurance number (SIN) of one of the following individuals (sole proprietors) applying to register for a GST/HST program ac								
Social insurance number (SIN) 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 requesto							
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
- Custom Act
- And other legislation

It may also be used for any purpose related to the administration or enforcement of these Acts such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at **canada.ca/cra-info-source**, Personal Information Bank CRA PPU 223.