

## **Business Number – Payroll Account Information**

Complete this form if you have a business number (BN) and you need to open a payroll program account. Complete a separate form for each additional payroll program account. Once completed, send this form to your tax centre. The tax centres are listed at www.cra.gc.ca/taxcentre and in Booklet RC2, The Business Number and Your Canada Revenue Agency Program Accounts.

For more information, go to www.cra.gc.ca/bn or call 1-800-959-5525. 1 Identification of business (for a corporation, enter the name and address of the head office) Language of preference English French Business number (BN) Operating/trade or partnership name (if different from name above). If you have 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. If you want to use a separate name for your payroll account, enter that name here. Physical business location City Province/Territory/State Postal or zip code Mailing address (if different from the physical business location) for your payroll deductions account purposes. Citv c/o Province/Territory/State Country Postal or zip code Contact person – Please provide the name of a contact for registration purposes only (the contact name provided will not be considered an authorized representative). If you wish to authorize a representative to speak on your behalf about your BN program account(s), complete Form RC59, Business Consent form. For more information, see Booklet RC2, The Business Number and Your Canada Revenue Agency Program Accounts. Title First name Last name Work telephone number: Ext. Work fax number: Cellular telephone number: Pager number: 2 Major business activity Clearly describe your major business activity. Give as much detail as possible using at least one noun, a verb, and an adjective. Example: Construction – Installing residential hardwood flooring. Specify up to three main products or services that you provide and the estimated percentage of revenue they each represent. % % 3 General information a) What type of payment are you making? Payroll Registered retirement savings plan Registered retirement income fund Other (specify) \_ b) How often will you pay your employees or payees? Please tick the pay period(s) that apply. Daily Weekly Bi-weekly Semi-monthly Monthly Annually Other (specify) c) What is the maximum number of employees you expect to have working for you at any time in the next 12 months? d) When will you make the first payment to your employees or payees? e) Duration of business activity: Year-round Seasonal If seasonal, tick the months(s) of operation: J F M A M J J A S O N D f) If the business is a corporation, is it a subsidiary or an affiliate of a foreign corporation? If yes, enter the country: If **yes**, enter the name and country of the franchisor: g) Are you a franchisee? 4 Direct deposit To use this option complete Form RC366, Direct Deposit Request - GST/HST, Payroll and/or Corporation Income Tax Certification - All businesses must complete and sign this part. You are authorized to sign this form only if you are an owner, a partner, an officer of the business, a corporation director, or an authorized representative. The person signing this form is the: Owner Partner Officer Corporation director | Authorized representative I certify that the information given on this form is, to the best of my knowledge, true and complete. First and last names (print) Signature Telephone number Date Note: After you register your CRA program account we may contact you to confirm the information you provided. At that time we may ask you to provide more information. Having complete and valid information on file for your business allows us to serve you better.

