



### Business Number – Payroll Account Information

Fill in this form if you have a business number (BN) and you need to open a payroll program account. Fill in a separate form for each division of your business that requires an additional payroll program account. Once filled in, send this form to your tax centre. The tax centres are listed at [www.cra.gc.ca/taxcentre](http://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](http://www.cra.gc.ca/bn) or call 1-800-959-5525.

<b>1 Business information</b> (for a corporation, enter the name and address of the head office)																												
Name		Business number																										
		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French																										
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 or state	Country		Postal or Zip code																									
Mailing address (if different from the physical business location) for your payroll deductions account purposes. c/o		City																										
Province, territory or state	Country		Postal or Zip code																									
<b>Contact person</b> – Please provide the name of a contact for <b>registration purposes only</b> (the contact name provided will not be considered an authorized representative). If you wish to authorize a representative to deal with the Canada Revenue Agency (CRA) about your BN program account(s), fill in Form RC59, <i>Business Consent</i> . For more information, see Booklet RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts</i> .																												
Title	First name	Last name																										
Work telephone number	Ext.	Work fax number	Mobile telephone number																									
		Pager number																										
<b>2 Major business activity</b>																												
Describe your major business activity with as much detail as possible. Use at least one noun, a verb, and an adjective to describe your activity. 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.																												
		%																										
		%																										
		%																										
<b>3 General information</b>																												
a) What type of payment are you making?																												
<input type="checkbox"/> Payroll		<input type="checkbox"/> Registered retirement savings plan																										
<input type="checkbox"/> Registered retirement income fund		<input type="checkbox"/> Other (specify) _____																										
b) How often will you pay your employees or payees? Please tick the pay period(s) that apply.																												
<input type="checkbox"/> Daily		<input type="checkbox"/> Weekly																										
<input type="checkbox"/> Monthly		<input type="checkbox"/> Bi-weekly																										
<input type="checkbox"/> Annually		<input type="checkbox"/> Semi-monthly																										
<input type="checkbox"/> 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?																												
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Year</td> <td style="text-align: center;">Month</td> <td colspan="10" style="text-align: center;">Day</td> </tr> </table>															Year	Month	Day									
Year	Month	Day																										
e) Duration of business activity:																												
<input type="checkbox"/> Year-round		<input type="checkbox"/> Seasonal																										
If <b>seasonal</b> , tick the month(s) of operation:																												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px; text-align: center;">J</td> <td style="width: 20px; height: 15px; text-align: center;">F</td> <td style="width: 20px; height: 15px; text-align: center;">M</td> <td style="width: 20px; height: 15px; text-align: center;">A</td> <td style="width: 20px; height: 15px; text-align: center;">M</td> <td style="width: 20px; height: 15px; text-align: center;">J</td> <td style="width: 20px; height: 15px; text-align: center;">J</td> <td style="width: 20px; height: 15px; text-align: center;">A</td> <td style="width: 20px; height: 15px; text-align: center;">S</td> <td style="width: 20px; height: 15px; text-align: center;">O</td> <td style="width: 20px; height: 15px; text-align: center;">N</td> <td style="width: 20px; height: 15px; text-align: center;">D</td> </tr> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>				J	F	M	A	M	J	J	A	S	O	N	D													
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? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
If <b>yes</b> , enter the country: _____																												
g) Are you a franchisee? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , enter the name and country of the franchisor: _____																												
<b>4 Direct deposit</b>																												
To use this option, fill in Form RC366, <i>Direct Deposit Request for Businesses</i> .																												
<b>5 Certification</b>																												
All businesses <b>must</b> complete and sign this part in order for the form to be processed. 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.																												
The individual signing this form is:																												
<input type="checkbox"/> an owner		<input type="checkbox"/> a corporate director																										
<input type="checkbox"/> a partner of a partnership		<input type="checkbox"/> an officer of a non-profit organization																										
		<input type="checkbox"/> a trustee of an estate																										
		<input type="checkbox"/> 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 (YYYY-MM-DD): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table>																										

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