

Agency

Request for a Business Number and Certain Program Accounts

FOR OFFICE USE ΒN 1 1

You may apply for a business number (BN) and register for certain program accounts in two ways. The easiest and quickest way is through the Business Registration Online. Non-residents can now register their non-resident business number online. For more information, go to canada.ca/business-registration-online.

Alternatively, you can fill in and send this form to your tax centre. You can find your tax centre address at canada.ca/cra-tsocontact-information. Non-residents of Canada can fill in this RC1 form and submit it to the designated non-resident tax centre (TC). The TC you should contact depends on the physical location of your business outside of Canada. To determine the TC you should contact, please go to canada.ca/non-residents-gst-hst-enquiries.

For more information about business number registration, go to canada.ca/business-number.

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.

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. If you are an SLFI and you are registering because you are making or joining a consolidated filing election use Form RC4602, Request for a Group GST/HST Registration Number for Selected Listed Financial Institutions with Consolidated Filing for GST/HST Purposes, or Form RC4602-1, Reguest to be Added to a Group GST/HST Registration for Selected Listed Financial Institutions with Consolidated Filing for GST/HST Purposes.
- If you are a digital economy business that is not resident in Canada, but is required to register for the purposes of Canada's simplified GST/HST, do not use this form. Instead, see the registration process at canada.ca/gst-hst-digital-economy.

Register for a business number

I want to register for a BN - Part A

Note: If you operate more than one business as a sole proprietor, your BN applies to all your businesses.

Register for program accounts

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

GST/HST (RT) - Part B

Corporation income tax (RC) - Part D

Information return (RZ) – Part E

Import-export (RM) - Part F

Charity (RR) – Part G

Note:

- You must have a BN if you want to register for program accounts.
- If you want to register for additional payroll deductions, information returns, import-export or charity program accounts, fill in additional parts C, E, F or G on 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.
- You cannot use a non-physical address such as a rural route (RR#s, SS#s), PO box, or general delivery (GD), as a physical location. The physical address must be the physical, geographical, civic or legal location of the base of operations, main office or building from which the business is conducted.



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 op	peration type	
Indicate your ownership type (tick only	one box):	
Individual Partnershi	D Trust Corporation Other (spec	cify)
Are you incorporated?		
Yes No		
If yes , you have to provide one of the	e following (tick only one box):	
a copy of the certificate of incorp	oration or amalgamation	
the information requested in Par	t 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
Foster parent	Municipal government	University/school
Religious body	Financial institution	Union
Hospital	Employer-sponsored plan	Diplomat

Part A2 – Owners information

Enter information for the sole proprietor, all partners of the partnership, all directors of the corporation, all officers of the entity or 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). If you are a non-resident **and** do not have a Canadian SIN, leave the SIN field blank. You can find information on how to authorize a representative to deal with the CRA about your BN program accounts at <u>canada.ca/taxes-representative-authorization</u>.

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

First name	Last name			Social insurance number	
Title	Work telep	hone number	Ext.	Work fax number	Mobile number
Occupation	Home tele	phone number	Ext.	Home fax number	
First name	Last name				Social insurance number
Title	Work telep	hone number	Ext.	Work fax number	Mobile number
Occupation	Home tele	phone number	Ext.	Home fax number	
If in Part A1, you indicated you are a corporation	ation, and y	ou are controll	ed by one	e or more other corpora	tions, fill in the information
for all of them below.	tion on a ac	norata ninan al	nonor		
If you need more space, include the information	lion on a se	· · ·		Talaah an a wuxah an	F au analysis
Corporation's name		Business num	ber	Telephone number	Fax number
Corporation's name		Business num	ber	Telephone number	Fax number
If in Part A1 , you indicated you are a partner					partnerships, corporations,
other legal entities, or any combination of the If you need more space, include the information				DI them below.	
Partnership's name		Business num		Telephone number	Fax number
·					
Corporation's name		Business num	ber	Telephone number	Fax number
Legal entity's name		Business num	hor	Telephone number	Fax number
Legal entry 5 hame					

Part A – General business information (continued)

Part A3 – Business information

Business name (Legal name)	E	Business number		
Operating, trade, or partnership name (if different from business legal 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 o a separate piece of paper.				
Physical business location (for information about your physical business I	ocation, see page 1)	City		
Province, territory, or state	Country		Postal or ZIP code	
Mailing address (if different from the physical business locat	ion)	City		
Care of (c/o)				
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:				
English French				
Part A4 – Major business activity				
Describe your major business activity with as much detail as describe your activity. Example: Residential construction – In			n adjective to	
Note: Indicate if you are a listed financial institution or an SL	.FI for GST/HST purpose	s and a resident of	Canada.	
Specify up to three main products or services that you provid	de and the estimated per	centage of revenue	they each represent.	
			%	
			%	
			%	

Protected B when completed

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.	Yes 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.	Yes 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. 	Yes 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. 	Yes No
Do you operate a taxi, commercial ride-sharing, or limousine service? If yes , you must register for GST/HST, regardless of your revenue.	Yes No
Are you an individual whose sole activity subject to GST/HST is from commercial rental income?	Yes No
Are you a non-resident?	Yes 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.	Yes 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).	Yes 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?	Yes No

Protected B when completed

Is this account for the purposes of the Electronic Commerce (digital economy) Legislation?	Yes	No
Do you operate an accommodation platform?	Yes	No
Do you operate a distribution platform?	Yes	No
Are you a vendor of cross-border digital products and services or qualifying goods?	Yes	No
Are you a fulfillment warehouse?	Yes	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	: If the effective	date of your regi	stration in Part B2	2 is more than	30 days befor	e the date you	u applied for re	gistration, you
	must provide n	nore information.	Depending on yo	our business's	situation, you	must provide	one of the follo	wing:

- If you are voluntarily registering for the GST/HST and you have been charging the GST/HST, provide sales invoices or other documents proving that you began charging the GST/HST on the effective date entered in Part B2 and you had taxable supplies.
- If you are required to register for GST/HST purposes, provide a document (a spreadsheet, sales journal, or similar document) proving that you are required to register on the effective date indicated based on when your revenues from taxable supplies, including zero-rated supplies, first exceeded \$30,000 (or \$50,000 for a public service body) over four consecutive calendar quarters or in a single calendar quarter.
- If you are an SLFI for GST/HST purposes, a resident of Canada, and voluntarily registering for GST/HST purposes
 effective the first day of a particular reporting period, provide written confirmation that for that particular reporting
 period you are an SLFI for GST/HST purposes, a resident of Canada, you did not make any taxable supplies, and you
 did not file any rebate applications. In this situation, the CRA **must** receive this form during that reporting period.

Part B1 – Identification for GST/HST program account					
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	t, enter the name.				
Email address (for information on how we will use your email	il address, see page 1)				
Physical business location (for information about your physical business location, see page 1) City					
Province, territory, or state	Country		Postal or ZIP code		
Mailing address (if different from the physical business locat	ion)	City			
Care of (c/o)					
Province, territory, or state	Country		Postal or ZIP code		
Language of correspondence:					

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 w	vorldwide taxable supplies (dollar amount	only — if you have no revenues, enter "0").			
\$					
Enter the fiscal year-end for GST/HST pu	rposes. If you do not enter a date, we will e	enter December 31.			
Date (MMDD)					
Do you want to make an election to chang	ge the fiscal year-end for GST/HST purpose	es?			
Yes No					
If yes , enter the date you would like to u	JSE.				
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 [*] , 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 Image: No	y than the reporting period that would be as	ssigned to you.			
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			
More than \$6,000,000	Monthly	No options available			
More than \$1,500,000 up to \$6,000,000	Quarterly	Monthly			
\$1,500,000 or less	\$1,500,000 or less Annual Monthly or Quarterly				
Charity	Annual	Monthly or Quarterly			
Listed financial institution Annual Monthly or Quarterly**					
 Other than a corporation that is a listed financial institution only because it is a party to a joint election under section 150 that is in effect to deem certain taxable supplies made between the parties to be supplies of financial services for GST/HST purposes. ** Only available if your total annual GST/HST taxable supplies in Canada (including those of your associates) do not exceed 					

** 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)

If you need a payroll deductions program account, fill in parts C1 and C2.

For each division of your business that requires a payroll deductions program account, fill in additional parts C1 and C2 on another Form RC1 and attach it to this form.

Part C1 – Payroll deductions program account identification						
If the information is the same as in Part A3, tick this box.	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	t, enter the name. For exa	ample, a section or a di	vision name.			
Email address (for information on how we will use your emai	l address, see page 1)					
Physical business location (for information about your physical business location, see page 1) City						
Province, territory, or state	Country		Postal or ZIP code			
Mailing address (if different from the physical business location	ion)	City				
Care of (c/o)						
Province, territory, or state	Country		Postal or ZIP code			
Language of correspondence:						

Protected B when completed

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

Part C2 – General information
a) What type of payment are you making?
Payroll deductions Registered retirement savings plan
Registered retirement income fund Other (specify)
b) 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)
c) What is the maximum number of employees you expect to have working for you at any time in the next 12 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 I I I I I I I I I I
g) If the business is a corporation, is it a subsidiary or an affiliate of a foreign corporation?
Yes No
If yes, enter the country:
h) Are you a franchisee?
Yes No
If yes , enter the name and country of residence of the franchisor:
Name of the franchisor Country of residence 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. If you have not provided a copy of your certificate of incorporation or amalgamation, you **must** fill in parts D2 and D3.

Part D1 – Corporation program account identificati	ion			
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 ema	il address, see page 1)			
Physical business location (for information about your physical business	location, see page 1)	City		
Province, territory, or state	Country		Postal or ZIP code	
Mailing address (if different from the physical business locat Care of (c/o)	tion)	City		
Province, territory, or state	Country		Postal or ZIP code	
Language of correspondence:				
Part D2 – Canadian certificate of incorporation or a	amalgamation			
Certificate number				
Date (YYYYMMDD)				
Date of incorporation				
Note: If you are a non-resident corporation that has incorpore certificate of incorporation or amalgamation.	rated outside of Canada	a, you must provide us w	vith a copy of your	
Part D3 – Indicate the jurisdiction of your business	5			
Federal				
Provincial	(province or territory)		
Foreign	(country or state)		
Part D4 – Documentation for condominium corpora	ations registrations			
Are you a condominium corporation?				
Yes No				
If yes , you must provide us with a copy of each of the following documents:				
 the most recent Board of Management meeting minutes that includes the names of the board members the most recent Property Management Agreement that is in place the land title 				

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 (for information about your physical busine		ocation, see page 1)	City		
Province, territory, or state		Country	Postal or ZIP code		
Mailing address (if different from the physical business loc Care of (c/o)		ion)	City		
Province, territory, or	state	Country		Postal or ZIP code	
Language of correspondence:					
Part E2 – Information return program account details Program account type (tick only one): If you require more than one program account type, fill in additional parts E1 and E2 on another Form RC1 and attach it to this form.					
Program account types	Information returns requiring an RZ account				
 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 					
TFSA	TFSA – Tax-Free Savings Accour	TFSA – Tax-Free Savings Account			
T5018	T5018 – Contract Payment Repor	ting			
Partnerships	 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.

For each branch or division of your business that needs an import-export program account for commercial purposes, fill in additional parts F1 and F2 on another Form RC1 and attach it to this form.

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 division name.						
Email address (for information on how we will use your email address, see page 1)						
Physical business location (for information about your physical business I	City					
Province, territory, or state	Province, territory, or state Country		Postal or ZIP code			
Mailing address (if different from the physical business locat Care of (c/o)	City					
Province, territory, or state	Country	/				
Language of correspondence:						
Part F2 – Import-export information						
Type of account:						
Importer Exporter 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 exporting or you will export:						
Enter the estimated annual value of goods you are exporting or you will export:						
Enter the effective date of registration for the import-export program account. Date (YYYYMMDD)						

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.					
If you are an internal division, provide your section or division name.					
Email address (for information on how we will use your ema	il address, see page 1)				
Physical business location (for information about your physical business	City				
Province, territory, or state	Country	Postal or ZIP code			
Mailing address (if different from the physical business locat	City				
Care of (c/o)					
Province, territory, or state	Country		Postal or ZIP code		
Books and records address		City			
Province, territory, or state	rovince, territory, or state Country		Postal or ZIP code		
Language of correspondence:					
English French					
Part G2 – Charity information					
Program account type (select only one):					
For each additional charity program account you require, fill in Part G on another Form RC1 and attach it to this form.					
Charity					
Canadian amateur athletic association (CAAA)					
National arts service organization (NASO)					
Note:					
 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 for your registered charity program account (RR), 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.					

Part H – Certification

You 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 SIN of one of the following: owner, partner, or corporate director. The SIN is mandatory for sole proprietors applying to register for a GST/HST program account (Social Insurance Number Disclosure Regulations, Excise Tax Act). If you are a non-resident and do not have a Canadian SIN, leave the SIN field blank.					
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					
a representative 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 (YYYYM					
▶					

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act, Excise Tax Act, Customs Act and other legislation and related programs and activities including administering tax, benefits, audit, compliance, and collection.

The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and 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 Information about Programs and Information Holdings at <u>canada.ca/cra-information-about-programs</u>.