Agence du revenu du Canada

BUSINESS NUMBER (BN) – PAYROLL ACCOUNT INFORMATION

Complete this form if you have a business number (BN) and you need a payroll account. Complete a separate form for each additional payroll account. For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*. Please send this form to your nearest tax centre. To locate the address or if you have questions, visit our Web site http://www.cra-arc.gc.ca/cntct/prv/txcntr-eng.html or call 1-800-959-5525.

1 Identification of business (for a corporation, enter the name and address of the head office)						
Name					Language of preference	
			Business Numb	er (BN)	☐ English ☐ French	
Operating/trading 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.						
Phy	Physical business location Postal or zip code					
Mailing address (if different from the physical business location) for your payroll deductions account purposes c/o 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 Business Number (BN) account(s), complete Form RC59, Business Consent form. For more information, see Pamphlet RC2, The Business Number and Your Canada Revenue Agency Program Accounts.						
-	Title First name Last name					
Work telephone number			r	Work fax number		
Cellular telephone nun			ber	Pager number		
2	2 Major business activity					
Clearly describe your major commercial activity. Give as much detail as possible using at least one noun, a verb, and an adjective. Example: Construction – Installing residential hardwood flooring.						
Example. Constitution installing residential narawood nooning.						
Specify up to three main products or services that you provide or contract, and the estimated percentage of revenue they each represent.						
3 General information						
a)	a) What type of payment are you making? □ Payroll □ Registered retirement savings plan □ Registered retirement income fund □ Other (specify)					
b)	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)	c) What is the maximum number of employees you expect to have working for you at any time in the next 12 months?					
d)	d) When will you make the first payment to your employees or payees? Year Month Day					
e) Duration of business activity: ☐ Year-round ☐ Seasonal						
f) If seasonal , tick month(s) of operation:						
g) If the business is a corporation, is the corporation a Yes No If yes , enter country: subsidiary or an affiliate of a foreign corporation?						
h) Are you a franchisee? Yes No If yes , enter the name and country of the franchisor:						
Cortification						
Certification All businesses have to complete and sign this part. You are authorized to sign this form if you are an individual, a partner, an officer of your business or a corporation director.						
The person signing this form is the: Owner Partner Corporation director Officer 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) Signatu	re Te	lephone number	Title Y	ear Month Day	

