Customs Agence des douanes et du revenu du Canada

## BUSINESS NUMBER (BN) - GST/HST ACCOUNT INFORMATION

Complete this form if you have a Business Number (BN) and you need to open a GST/HST account. For more information, see the pamphlet called *The Business Number and Your Canada Customs and Revenue Agency Accounts*. If you have questions, including where to send this form, call us at 1-800-959-5525.

Note: If you want to open a separate GST/HST account for a branch or division of a head office, complete Form GST10, *Application for Branches/Divisions to File Separate Returns*. If your business is in the province of Quebec, do not use this form. Contact the ministère du Revenu du Québec.

|  | ·   |                           |                      |                 |                               |                      |              |                     |             |  |
|--|---|---------------------------|----------------------|-----------------|-------------------------------|----------------------|--------------|---------------------|-------------|--|
| 1 Identification of business (For corporations, enter the name and address of the head office.  Name (For individuals and partnerships, enter first and last names.)  Enter your busines   |   |                           |                      |                 |                               | N) here.             |              | Language<br>English | French      |  |
| 1 0, 0, 1  | rtnership name (if different from<br>d more space, include the inforn   | , ,                       |                      | siness or if y  | our business o                | operates under r     | nore than o  | ne name, enter the  | Э           |  |
| Business address – must be a physical address, not a post office box   |   |                           |                      |                 |                               |                      |              | ostal or zip code   |             |  |
| Mailing address (if different from business address)   |   |                           |                      |                 |                               |                      | Р            | ostal or zip code   |             |  |
|  | lete this part to identify an emplousiness, complete form RC59, <i>B</i>  |                           |                      |                 |                               | your account. T      | o authorize  | a representative    | who         |  |
| First name   | Last name   | Title                     |                      |                 | Telephone number   Fax number |                      |              |                     |             |  |
|  |   |                           |                      |                 | ( )                           |                      | (            | )                   |             |  |
|  | to provide goods and services in  |                           |                      |                 |                               | l-4-11-              |              | Yes□                | No 🗆        |  |
|  | ally register for GST/HST. Howev<br>ide GST/HST taxable sales, incli  |                           |                      |                 |                               |                      | e body)?     |                     |             |  |
| Do you solicit orders in as books, newspapers,   | ster for GST/HST.  Ny to charities and public institution  Canada for prescribed goods to periodicals, magazines, and an a              | be sent by mail or courie | r to an address in C |                 |                               |                      |              |                     |             |  |
| to Canada.  Do you operate a taxi or limousine service?  |   |                           |                      |                 |                               |                      |              |                     | No 🗌        |  |
| Are you a non-resident who charges admission directly to audiences at activities or events in Canada?  Yes No If you answer yes to either of these questions, you have to register for GST/HST, regardless of your revenue.                    |   |                           |                      |                 |                               |                      |              |                     |             |  |
|  | voluntarily? By registering volunt<br>0 or less if you are a public servi   |                           |                      |                 | n if your worldv              | vide GST/HST ta      | axable sales | _                   | No 🗌        |  |
| 3 Filing informate   | tion<br>iscal year-end.   |                           | Er                   | iter the effect | tive date of rec              | gistration for       |              |                     |             |  |
| If you do not provide a date, we will enter December 31. If you want to select a fiscal year-end that is not December 31, see our Month Day pamphlet for more information.  See our pamphle about when you recomber 31, see our Year Month Day |   |                           |                      |                 |                               |                      |              |                     |             |  |
| 4 Reporting per  | iod   |                           |                      |                 |                               |                      |              |                     |             |  |
| your associates). In the   | or a financial institution, we will column on the left below, check the box in the column on the rigi                                   | the box that correspond   | s to your estimated  | sales. In cert  | tain cases, you               | u may be able to     |              |                     |             |  |
|  | otal estimated annual GST/HST taxable sales in Canada (including those of your associates)  Reporting period assigned to change it (see |                           |                      |                 |                               |                      | Options      | S                   |             |  |
| More ti  | han \$6,000,000 [   | ⊐                         | Monthly              |                 |                               | No options available |              |                     |             |  |
| More than \$500,000 up to \$6,000,000  |   |                           | Quarterly            | Quarterly       |                               |                      | ☐ Monthly    |                     |             |  |
| \$500,000 or less  |   |                           | Annual               |                 |                               | ☐ Monthly            | or           | ☐ Quarte            | erly        |  |
|  | Charities   |                           | Annual               |                 |                               | ☐ Monthly            | or           | ☐ Quarte            | erly        |  |
| Finar  | ncial institutions  |                           | Annual               |                 |                               | ☐ Monthly            | or           | ☐ Quarte            | erly        |  |
| 5 Type of operat   | tion<br>ial institution 08  | non-resident              | 09 🔲 1               | taxi or limous  | sine operator                 | 99                   | 9            | none of the types   |             |  |
| 6 Major commer   | cial activity   |                           |                      |                 |                               |                      |              |                     |             |  |
| Clearly describe your n activity. Give as much possible in the space p   | detail as   |                           |                      |                 |                               |                      |              |                     | <del></del> |  |
| Specify up to three mai that you mine, manufac   | (E)   |                           |                      |                 |                               |                      |              |                     | %           |  |
| or services you provide or contract.  Also, estimate the percentage of revenue that each product or  |   |                           |                      |                 |                               |                      |              |                     | %           |  |
| service represents.  | uct of  |                           |                      |                 |                               |                      |              |                     | %           |  |
|  |   |                           |                      |                 |                               |                      |              |                     |             |  |
| officer or authorized  | usinesses have to complete a<br>employee of the company. You as the company's represen  | ou can also sign it if    |                      |                 |                               |                      |              |                     |             |  |
|  | rmation given on this form is,  |                           | owledge, true and    | complete.       |                               |                      |              |                     |             |  |
|  |   |                           |                      | _               |                               |                      |              |                     |             |  |
| Name   | (print)   | Signature                 |                      | -               | Title                         |                      | Year         | Month               | Day         |  |

Canad'ä