

### Request for a Business Number and Certain Program Accounts

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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, Request 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 busines

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

## aister for program accounts

register for program accounts		
want to register for the following program	accounts (tick all that apply):	
GST/HST (RT) – Part B	Payroll deductions (RP) – Part C	Corporation income tax (RC) – Part D
Information return (RZ) – Part E	Import-export (RM) – Part F	Charity (RR) – Part G
lata.		

#### 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 operation type	
Indicate your ownership type (tick <b>only</b> one box):	
Individual Partnership Trust Corporation Other (spe	cify)
Are you incorporated?	
Yes No	
If <b>yes</b> , you have to provide one of the following (tick <b>only</b> one box):	
a copy of the certificate of incorporation or amalgamation	
the information requested in Part D	
Tick the box below that best describes your type of operation (if none apply, leave this	s 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

RC1 E (23) Page 2 of 14

### Part A – General business information (continued)

#### 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 **canada.ca/taxes-representative-authorization**.

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

Fi :	Last name				
First name	Last Hallie	9			Social insurance number
Title	Work telep	ohone 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 telephone number Ext.		Home fax number		
If in <b>Part A1</b> , you indicated you are a corpo for all of them below. If you need more space, include the information	•		•	or more other corpora	tions, fill in the information
Corporation's name		Business num	ber	Telephone number	Fax number
Corporation's name		Business num		Telephone number	Fax number
If in <b>Part A1</b> , you indicated you are a partner other legal entities, or any combination of the If you need more space, include the information of the information o	ne three, fill i	in the information	on for all o		partnerships, corporations,
Partnership's name		Business num	ber	Telephone number	Fax number
Corporation's name		Business num	ber	Telephone number	Fax number
Legal entity's name		Business num	ber	Telephone number	Fax number

RC1 E (23) Page 3 of 14

## 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 busin your business operates under more than one name, enter the a separate piece of paper.			
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
Address of business records (if different from the physical b	usiness location)	City	
Province, territory, or state	Country	Postal	
Language of correspondence:			
English French			
Part A4 – Major business activity			
Describe your major business activity with as much detail as			n adjective to
describe your activity. Example: Residential construction – I	J	ŭ	
Note: Indicate if you are a listed financial institution or an SI	_FI for GST/HST purpose	es and a resident of	Canada.
Specify up to three main products or services that you provi	de and the estimated per	rcentage of revenue	they each represent.
			%
			%
			%

RC1 E (23) Page 4 of 14

# 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 <b>no</b> , 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 <b>yes</b> , you <b>must</b> register for GST/HST, unless you are a non-resident and do not carry on business in Canada for GST/HST purposes.	Yes	No No
Note: Special rules apply to public service bodies.		
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 <b>yes</b> , you <b>must</b> register for GST/HST.	Yes	No
<b>Note:</b> Special rules apply to charities and public institutions with respect to the qualification of these organizations as a small supplier.		
Are all the property and services you sell or provide exempt from GST/HST?	Yes	No
<b>Note:</b> 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.		
Do you operate a taxi, commercial ride-sharing, or limousine service? If <b>yes</b> , you <b>must</b> 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 <b>yes</b> , you <b>must</b> register for GST/HST, regardless of your revenue.	Yes	No No
Do you wish to register voluntarily? By registering voluntarily, you <b>must</b> 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 No

RC1 E (23) Page 5 of 14

#### Part A5 – GST/HST information (continued)

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 registration in Part B2 is more than 30 days before the date you applied for registration, you must provide more information. Depending on your business's situation, you must provide one of the following:

- 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	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 locat	ion)	City	
Care of (c/o)			
Province, territory, or state	Country		Postal or ZIP code
Language of correspondence:			
English French			

RC1 E (23) Page 6 of 14

# Part B – Registering for a GST/HST program account (RT) (continued)

Part B2 – Filing information				
Enter the total annual revenue from your ta	axable supplies in Canada (dollar amount	only — if you have no revenues, enter "0").		
\$				
Enter the total annual revenue from your w	orldwide taxable supplies (dollar amount	only — if you have no revenues, enter "0").		
\$				
Enter the fiscal year-end for GST/HST pur	rposes. If you do not enter a date, we will e	nter December 31.		
Date (MMDD)				
Do you want to make an election to chang	e the fiscal year-end for GST/HST purpose	es?		
Yes No				
If <b>yes</b> , enter the date you would like to u	se.			
Date (MMDD)				
Enter the effective date of registration t	or GST/HST purposes.			
Date (YYYYMMDD)				
Part B3 – Reporting period				
revenues from GST/HST taxable supplies	al institution*, we will assign you a reportin made in Canada (including those of your a	associates) for the <b>preceding year</b> . Tick		
	ou. If you want to elect to have a different rate below. Tick the box in the right column the			
Reporting period election	g	,,		
Tick <b>yes</b> if you want to file more frequently	than the reporting period that would be as	ssigned to you.		
Yes No				
Total annual revenue from Reporting period assigned to you,				
taxable supplies in Canada	Reporting period assigned to you, unless you choose to change it	Reporting period options		
(including those of your associates)	(see next column)			
More than \$6,000,000	Monthly	No options available		
More than \$1,500,000 up to \$6,000,000				
\$1,500,000 or less	Annual	Monthly or Quarterly		
Charity	Annual	Monthly or Quarterly		
Listed financial institution	Annual	Monthly <b>or</b> 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/ \$6 million.	HST taxable supplies in Canada (including	those of your associates) do not exceed		

RC1 E (23) Page 7 of 14

## 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 you want to use a separate name for this program accoun	t, enter the name. For exa	ample, a section or a d	ivision 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 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:				
English French				

RC1 E (23) Page 8 of 14

# 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 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				
g) If the business is a corporation, is it a subsidiary or an affiliate of a foreign corporation?				
Yes No				
If <b>yes</b> , enter the country:				
h) Are you a franchisee?				
Yes No				
If <b>yes</b> , enter the name and country of residence of the franchisor:				
Name of the franchisor Country of residence of the franchisor				

RC1 E (23) Page 9 of 14

### 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 identification			
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	ion)	City	1
Province, territory, or state	Country		Postal or ZIP code
Language of correspondence:  English French			
Part D2 – Canadian certificate of incorporation or a	malgamation		
Certificate number			
Date (YYYYMMDD)			
Date of incorporation			
Date of amalgamation			
<b>Note:</b> If you are a non-resident corporation that has incorporated outside of Canada, you <b>must</b> provide us with a copy of your certificate of incorporation or amalgamation.			
Part D3 – Indicate the jurisdiction of your business			
   Federal			
Provincial	(pr	ovince or territory)	
Foreign	(cc	ountry or state)	
Part D4 – Documentation for condominium corpora	ations registrations		
Are you a condominium corporation?			
Yes No			
If <b>yes</b> , you <b>must</b> provide us with a copy of <b>each</b> 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 lend title.			
the land title			

RC1 E (23) Page 10 of 14

# 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.				ivision name.
Email address (for inf	ormation on how we will use your ema	il address, see page 1)		
Physical business location	Physical business location (for information about your physical business location, see page 1)  City			
Province, territory, or	Province, territory, or state Country		Postal or ZIP code	
Mailing address (if different from the physical business location)  Care of (c/o)		ion)	City	
Province, territory, or	ory, or state Country Postal or ZIP		Postal or ZIP code	
Language of correspondence:  English French				
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			
<ul> <li>T5 – Return of Investment Income</li> <li>T5007 – Return of Benefits</li> <li>T5008 – Return of Security Transactions</li> <li>T2202 – Tuition and Enrolment Certificate</li> <li>RRSP – Contribution Receipts</li> <li>PRPP – Pooled Registered Pension Plan (PRPP)</li> <li>RRSP and RRIF Non-Qualified Investments</li> <li>SAFER – Manitoba Shelter Allowance for Elderly Renters</li> <li>Part XVIII Information Return – International Exchange of Information on Financial Accounts</li> <li>Part XIX Information Return – International Exchange of Information on Financial Accounts</li> </ul>				
TFSA	TFSA – Tax-Free Savings Account			
T5018	T5018 – Contract Payment Reporting			
Partnerships	<ul> <li>T5013 – Partnership Information Return</li> <li>T106 – Information Return of Non-Arm's Length Transactions with Non-Residents (only if filed by a partnership)</li> <li>T1134 – Information Return Relating to Controlled and Not-Controlled Foreign Affiliates (2011 and later taxation years—only if filed by a partnership)</li> </ul>			
Enter the effective d	ate of registration for the informatio	n return program acco	unt.	

RC1 E (23) Page 11 of 14

### 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 accoun	t, enter the name. For ex	cample, a section or a d	ivision 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 location, see page 1)  City		City		
Province, territory, or state	Country		Postal or ZIP code	
Mailing address (if different from the physical business location)  Care of (c/o)  City		City	1	
Province, territory, or state	Country		Postal or ZIP code	
Language of correspondence:				
English French				
Part F2 – Import-export information				
Type of account:				
Importer Exporter Meeting, convention, and incentive travel				
If you are applying for an exporter account, you <b>must</b> 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)				

RC1 E (23) Page 12 of 14

# 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 divisio	n 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 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		
Province, territory, or state	Country		Postal or ZIP code	
Books and records address	ecords address City			
Province, territory, or state	Country	Pos		
Language of correspondence:  English French				
Part G2 – Charity information				
Program account type (select <b>only</b> 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:				
<ul> <li>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.</li> <li>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.</li> </ul>				
To complete the application process for your registered charity program account (RR), you <b>must</b> 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.				

RC1 E (23) Page 13 of 14

#### Part H - Certification

You <b>must</b> fill in and sign this part in order for contact you to confirm the information you pro you better when you have complete and valid	ovided. At that tin	ne we may ask you to provide more info	
	ST/HST program	er, partner, or corporate director. The SII account (Social Insurance Number Disc ave a Canadian SIN, leave the SIN field	closure Regulations,
Social insurance number First name:			
Last name:			
The individual signing this form is (tick <b>only</b> o	ne 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	n is correct and c	omplete.	
Signature		·	Date (YYYYMMDD)
<b> </b>			

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 canada.ca/cra-information-about-programs.

RC1 E (23) Page 14 of 14