

Business Number – GST/HST Account Information

Complete this form if you have a business number (BN) and you need to open a GST/HST program account. Once completed, send this form to your tax centre. The tax centres are listed at 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 or call 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 or Revocation of the Authorization to File Separate GST/HST Returns and Rebate Application for Branches or Divisions. If your business is in the province of Quebec, do not use this form and contact Revenu Québec.

1 Identification of business (for corporations, enter	er the name and addres	s of the h	ead office)						
Name							Language of preference			
GST/HST account name				Busine	ess number		English French			
Physical business location					City					
Province/Territory/State			Country				Postal or zip code			
Mailing address (if different from the physical business location c/o	on) for GST/HST purposes	s. City								
Province/Territory/State		Country					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 BN program account(s), complete Form RC59, Business Consent form. For more information, see Booklet RC2, The Business Number and Your Canada Revenue Agency Program Accounts.										
First name					Last nam	le				
Work telephone number:	Work	fax numb	er:							
Cellular telephone number:	ellular telephone number: Pager number:									
2 GST/HST information – For more information, se				d Your Ca	anada Revei	nue Agenc	y Program Accounts.			
Do you provide or plan to provide goods or services in If no , you generally cannot register for GST/HST. How For more information, see booklet RC2.	Yes No									
Are your annual worldwide GST/HST taxable sales, in If yes, you have to register for GST/HST. Note: Special rules apply to charities and public institutions.	Yes No									
Are you a public service body (PSB) whose annual wilf yes, you have to register for GST/HST. Note: Special rules apply to charities and public institutions.	Yes No									
Are all the goods/services you sell/provide exempt fro	Yes No									
Do you operate a taxi or limousine service? If yes , you have to 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 charges admission directly to audiences at activities or events in Canada? If yes , you have to register for GST/HST, regardless of your revenue.							Yes No			
Do you wish to register voluntarily? By registering vol your worldwide GST/HST taxable sales are \$30,000 of For more information, see Booklet RC2.	Yes No									
3 Filing information – For more information, see book	let RC2, <i>The Business Nui</i>	mber and Y	our Canad	la Revenue	Agency Prog	ram Accoun	ts.			
Enter the amount of your sales in Canada (dollar am	cales enter "\$0")									
Enter the amount of your worldwide sales (dollar am	sales enter "\$0")									
Enter your fiscal year-end for GST/HST purposes. If you do not provide a date, we will enter December 3	31.	L	 Month	Day						
Do you want to make an election to change your fiscal year-end for GST/HST purposes?										
If yes , enter the date you would like to use.										
Enter the effective date of registration or GST/HST purposes. For more information about when to register for GST/HST, see Booklet RC2.										

4 Reporting period					Prote	cted B when complet	.ed	
Unless you are a charity or a financial institution, we we those of your associates) for the preceding year . If y reporting period, your options, if any, are listed below For more information, see Booklet RC2, <i>The Busines</i>	ou do not have annu . Please indicate in th	al sales from the p ne right column wh	oreceding year, nich option you	your sales are want to elect.				
Reporting period election Select yes if you wish to file more frequently than the	reporting period ass	igned to you.		Yes	No			
Total annual GST/HST taxable sales in Canada (including those of your associates)	Reporting period choose to cho	assigned to you ange it (see next			Optio	ons		
More than \$6,000,000		Monthly		No options available				
More than \$1,500,000 up to \$6,000,000		Quarterly			hly			
\$1,500,000 or less		Annual		Month	ly or	Quarterly		
Charities		Annual		Month	ly or	Quarterly		
Financial institutions		Annual		Month	ly or	Quarterly		
5 Major business activity								
Specify up to three main products or services that you also be a serviced by a service of the services that you are a services	er identified below rec payable to the accou officer must sign the	quests and authori unt holder under P form. An authoriz VOID" across the	zes the Ministe eart IX of the Ex ed representati	r of National Recise Tax Act. If ve may not .	evenue to dir the direct de	ectly deposit, into a eposit information is	% % %	
Branch number In	stitution number			Account numb	er			
Name(s) of account holder(s):								
Certification – All businesses must complete and signusiness, a corporation director, or an authorized reprot sign this form. In this case an owner, a partner, insurance number (SIN) is mandatory for individuals (Regulations, Excise Tax Act).	resentative. Howeve an officer of the busi (sole proprietors) app	er, if the direct de ness or a corporat olying to register fo	posit informat tion director mu or a GST/HST a	ion is entered, ust sign the for account (Social	, an authoriz m. Please no Insurance N	ted representative ma te that the social umber Disclosure	ау	
Provide the name and SIN of one of the following:	Owner	Partr		Officer	Corp	oration director		
First and last names (print)		Social ins	surance numbe	r (SIN)				
I certify that the information given on this form is	Auth	Authorized representative						
First and last names (print)			Title	1	_	1	ı	
Signature		Telenh	one number	Ext.	YYY	Date		
Ç								
Note: After you register your CRA program account we ma complete and valid information on file for your busine			provided. At that	time we may ask	you to provide	e more information. Having	g	