



# Business Number – Payroll Deductions Program Account Information

Register faster with the Business Registration Online (BRO) service at [www.cra.gc.ca/bro](http://www.cra.gc.ca/bro).

Fill in this form if you have a business number (BN) and you need to open a payroll deductions program account. Fill in a separate form for each division of your business that requires an additional payroll deductions program account. Once filled in, send this form to your tax centre. The tax centres are listed at [www.cra.gc.ca/taxcentre](http://www.cra.gc.ca/taxcentre) and in Guide RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*. For more information, go to [www.cra.gc.ca/bn](http://www.cra.gc.ca/bn) or call 1-800-959-5525.

<b>1 Business information</b> (for a corporation, enter the name and address of the head office)				
Business name (legal name)		Business number		Language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French
Operating, trade, 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 deductions program account, enter that name here.				
Physical business location			City	
Province, territory, or state		Country		Postal or ZIP code
Mailing address (if different from the physical business location) for your payroll deductions account purposes. c/o			City	
Province, territory, or state		Country		Postal or ZIP code
<b>Contact person</b> – Please provide the name of a contact for registration purposes only (the contact name provided will not be considered an authorized representative). A contact person does not have authority unless they are also an authorized representative or a delegated authority. If a contact person does not have authority on the business number program account, they cannot change information and we cannot share information. If you wish to authorize a representative to deal with the Canada Revenue Agency (CRA) about your BN program account(s), fill in Form RC59, <i>Business Consent</i> or Form RC321, <i>Delegation of Authority</i> . For more information, see Guide RC2, <i>The Business Number and Your Canada Revenue Agency Program Accounts</i> .				
Title	First name		Last name	
Work telephone number	Extension	Work fax number	Mobile telephone number	
<b>2 Major business activity</b>				
Describe your major business activity with as much detail as possible. Use at least a noun, a verb, and an adjective to describe your activity. Example: Construction – Installing residential hardwood flooring.  _____				
Specify up to three main products or services that you provide and the estimated percentage of revenue they each represent.				
_____				%
_____				%
_____				%

**3 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?  

Year			Month			Day					
- f) Duration of business activity:                       Year-round                       Seasonal  
 If **seasonal**, tick the months 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 **yes**, enter the country: \_\_\_\_\_
- h) Are you a franchisee?     Yes               No  
 If **yes**, enter the name and country of the franchisor: \_\_\_\_\_

**4 Direct deposit**

To use this option, fill in Form RC366, *Direct Deposit Request for Businesses*.

**5 Certification**

All businesses **must** fill in and sign this part in order for the form to be processed. After you register your CRA 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.

The individual signing this form is:

- an owner                       a partner of a partnership                       a corporate director                       a corporate officer  
 an officer of a non-profit organization     a trustee of an estate                       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 (YYYY-MM-DD): 

--	--	--	--	--	--	--	--	--	--	--	--

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the *Privacy Act*, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source [www.cra-arc.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html](http://www.cra-arc.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html), personal information bank CRA PPU 223.