



CORPORATE EFILE APPLICATION

- Use this form to apply for access to the Canada Customs and Revenue Agency's (CCRA), Alberta Treasury's, and the Ontario Ministry of Finance's Corporate EFILE system or to have your Corporate EFILE tax preparation software approved.
- See the instructions on completing this form in Chapter 4 of the *Corporate EFILE Applicant's Guide*.
- Each branch office that transmits returns has to file a separate application.
- A parent corporation transmitting a return for itself or a subsidiary only has to file an application form for itself and not for the subsidiary.
- Mail this completed form to either of the following addresses: Corporate EFILE Help Desk, Winnipeg Tax Centre, 66 Stapon Rd, Winnipeg MB R3C 3M2 or Corporate EFILE Help Desk, Shawinigan-Sud Tax Centre, 4695 - 12th Avenue, Shawinigan-Sud QC G9N 7S6. You can also drop off the completed form at your CCRA's tax services office.

Part A – Identification

1. Company's legal name	
2. Branch office's name (branch number, if applicable)	
3. Business Number (BN) (for corporations transmitting their own or a subsidiary's return(s), only the parent corporation's BN is required)	
4. Is this an amended application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide your 15-digit BN-RX transmitter account number on line 3.	
5. In which official language do you wish to receive correspondence? English <input type="checkbox"/> French <input type="checkbox"/>	
6. Will you be offering transmission services to clients? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Will you also use EFILE to transmit T1 returns? Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. If you answered yes to question 7 above, please provide your EFILE number previously assigned to you. _____	
9. Will you be developing Corporate EFILE tax preparation software? Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Business address (street, city, province, postal code)	11. Mailing address (street, city, province, postal code)
	<input type="checkbox"/> Same as business address

Part B – Contact Information

1. Corporate EFILE business contact		2. Corporate EFILE technical contact		<input type="checkbox"/> Same as business contact
Name		Name		
Phone number ()		Phone number ()		
Fax number ()		Fax number ()		
3. Email address (if applicable) for one contact person.				

Part C – Screening – If you answered yes to question 6 in Part A, give the name and social insurance number of each person for suitability screening as explained in Chapter 4 of the *Corporate EFILE Transmitter's Guide*.

Name	Social insurance number

Part D – Expected volume – Please estimate the number of corporation income tax returns you expect to transmit to:

Canada Customs and Revenue Agency		Alberta Treasury		Ontario Ministry of Finance	
First year	Second year	First year	Second year	First year	Second year

Part E – Disclosure – For transmitters offering transmission services to clients only

If my application is accepted, I consent to public disclosure of the name, address, and telephone number of my firm or organization. Yes No

Part F – Electronic data interchange communications information

Name of your VAN _____

Section 1 – Complete this area to identify your value added network (VAN).

Production Environment	Trading partner ID	Trading partner qualifier ID code	X.400 production address (see note)
Test Environment	Trading partner ID	Trading partner qualifier ID code	X.400 testing environment address (see note)

Note:
 VANs offer different services and use different ways to route information to your mailbox. This may affect the information required. The X.400 addresses above are not required if you give the full breakdown of these addresses below. Also, contact your VAN service provider concerning the time needed for a connection to be established.

Section 2 – Complete this section if you know the breakdown of your X.400 addresses.

	Production environment	Test environment (if applicable)
Country Code (alpha or numeric)		
Administration domain name		
Private management domain		
Organization		
Organization Unit 1		
Organization Unit 2		
Organization Unit 3		
Organization Unit 4		
First name		
Last name		
Generation qualifier		
Initials		
Common name		
Network address		
Terminal ID		
Numeric user ID		
DDA Type 1		
DDA Value 1		
DDA Type 2		
DDA Value 2		
DDA Type 3		
DDA Value 3		
DDA Type 4		
DDA Value 4		

Part G – Certification

Name of authorized business official or principal owner	Title or office
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I certify that the information given on this form and any accompanying information is, to the best of my knowledge, correct and complete. The business and its employees will comply with the CCRA's, Alberta Treasury's and the Ontario Ministry of Finance's procedures and policies contained in the *Corporate EFILE Transmitter's Manual* and with all provisions of each tax administration's income tax legislation. I understand that, if this business is sold or the electronic address (including the VAN) is changed, a new application for Corporate EFILE must be filed. I also understand that false statements or non-compliance may result in immediate suspension of Corporate EFILE privileges. I am authorized to complete and sign this document for the business.

Signature of authorized business official or principal owner	Date
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