



FOR OFFICE USE	
BN <input style="width: 100%;" type="text"/>	RZ <input style="width: 100%;" type="text"/>

### Request for an Information Return Program Account (RZ)

Complete this form to register for an RZ program account if you are filing any of the information returns listed on page 2 of this form. For more information, see the related guides at [www.cra.gc.ca/forms](http://www.cra.gc.ca/forms).

If you do not already have a Business Number (BN), complete the RC1, *Request for a Business Number* and this form. For more information, see pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*.

Complete and submit one RC257 for each RZ program account you require.

Please send this form and the RC1 if required to your nearest Tax Centre. To find the address, visit [www.cra.gc.ca/contact](http://www.cra.gc.ca/contact). If you have questions, visit [www.cra.gc.ca/bn](http://www.cra.gc.ca/bn) or call 1-800-959-5525.

Part A: General information	
Business number <input style="width: 100%;" type="text"/>	Language of preference <input type="checkbox"/> English <input type="checkbox"/> French
Business name (enter complete name as registered with the Canada Revenue Agency (CRA))	

Part B: Program account registration information				
Account name (division/section name): _____				
Physical business location c/o	City	Prov/Terr – State	Country	Postal or ZIP code
Mailing address (If different from above) c/o	City	Prov/Terr – State	Country	Postal or ZIP code
Books and records address	City	Prov/Terr – State	Country	Postal or ZIP code
Program account type (see page 2) – check one only. If you require more than one program account type, please complete another RC257.				
<input type="checkbox"/> T5 group <input type="checkbox"/> TFSA <input type="checkbox"/> T5018 <input type="checkbox"/> Partnerships				
Contact person's name (for registration purposes only)				
_____			_____	
Print first and last name			Telephone number	

Part C: Certification – To be completed by requestor	
All businesses have to complete and sign this part. You are authorized if you are a sole proprietor, a partner, an officer of your business, a corporation director or an authorized representative.	
Are you a third party requesting this registration on behalf of the business (check the applicable box below)?	
<input type="checkbox"/> <b>Yes</b> (if Yes, provide your name, the name of the business and your telephone number below) <input type="checkbox"/> <b>No</b>	
Your name _____	
Business name _____ Telephone number _____	
If you wish to authorize a representative to communicate on your behalf about your BN program account(s), fill in Form RC59, <i>Business Consent</i> . You can find this form at <a href="http://www.cra.gc.ca/forms">www.cra.gc.ca/forms</a> .	
The person signing this form is the	
<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Corporation director <input type="checkbox"/> Authorized representative	
I certify the information given on this form is, to the best of my knowledge, true and complete.	
Print first and last name _____ Title _____	
Signature _____ Date _____	

Information returns requiring an RZ account	Program account types (for Part B)
<ul style="list-style-type: none"> <li>• T5 – Return of Investment Income</li> <li>• T5007 – Return of Benefits</li> <li>• T5008 – Return of Security Transactions</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> </ul>	T5 group
<ul style="list-style-type: none"> <li>• TFSA – Tax-Free Savings Account</li> </ul>	TFSA
<ul style="list-style-type: none"> <li>• T5018 – Contract Payment Reporting</li> </ul>	T5018
<ul style="list-style-type: none"> <li>• T5013 – Partnership Information Return</li> <li>• T106 – Information Return of Non-Arm's Length Transactions with Non-Residents <i>(only if filed by a partnership)</i></li> <li>• T1134 – Information Return Relating to Controlled and Not-Controlled Foreign Affiliates (2011 and later taxation years—<i>only if filed by a partnership</i>)</li> </ul>	Partnerships