

REQUEST FOR A BUSINESS NUMBER (BN) – QUEBEC

Complete this form if you have a new business and you need to apply for a Business Number (BN). If you are a sole proprietor with more than one business, your BN will apply to all your businesses. **All businesses have to complete Parts A and E.** For more information, see the pamphlet called *The Business Number and Your Revenue Canada Accounts in Québec*.

- To apply for a payroll deductions account, complete Part B.
- To apply for an import/export account, complete Part C.
- To apply for a corporate income tax account, complete Part D.

Note: The ministère du Revenu du Québec administers the goods and services tax/harmonized sales tax (GST/HST) in the province of Quebec. If you think you need a GST/HST account, please contact the nearest MRQ office.

| Part A - General information | | | | | |
|---|-----------|--|-------|---------------------------|--|
| A1 Identification of business (For a corporation, enter the name and address of the head office.) | | | | | |
| Name | | | | | Language <input type="checkbox"/> English <input type="checkbox"/> French |
| Operating, trading, 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 name(s) here. If you need more space, include the information on a separate piece of paper. | | | | | |
| Business address | | | | | Postal or zip code |
| Mailing address (if different from business address) | | | | | Postal or zip code |
| Contact person (If you choose to name a contact for your account, see our pamphlet for more information.) | | | | | |
| First name | Last name | Language <input type="checkbox"/> English <input type="checkbox"/> French | Title | Telephone number () | Fax number () |
| Financial institution – Enter the name and address of the branch you use for your business transactions. | | | | | |

| A2 Client ownership type | | | |
|--|-----------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Individual If so, are you: <input type="checkbox"/> a sole proprietor? <input type="checkbox"/> a foster parent? <input type="checkbox"/> a domestic employer? <input type="checkbox"/> Partnership <input type="checkbox"/> Other Are you incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No (All corporations have to provide a copy of the certificate of incorporation or amalgamation.) | | | |
| Check the box that best describes your type of operation. | | | |
| <input type="checkbox"/> Charity <input type="checkbox"/> Union <input type="checkbox"/> Association <input type="checkbox"/> Financial institution <input type="checkbox"/> University/school <input type="checkbox"/> Municipal government <input type="checkbox"/> Society <input type="checkbox"/> Hospital <input type="checkbox"/> Non-profit <input type="checkbox"/> Religious body <input type="checkbox"/> Trust <input type="checkbox"/> None of the above | | | |
| Enter the following information for the sole proprietor, domestic employer, or foster parent. Also enter this information for the partner(s), corporate director(s), or officer(s) of your business. If you need more space, include the information on a separate piece of paper. | | | |
| First name | Last name | Home telephone number () | Home fax number () |
| Title | | Social insurance number | Work telephone number () |
| First name | Last name | Home telephone number () | Home fax number () |
| Title | | Social insurance number | Work telephone number () |

| A3 Major commercial activity | |
|--|-------------------------------|
| Clearly describe your major business activity. | |
| Specify up to three main products that you mine, manufacture, or sell, or services you provide or contract. Also, please estimate the percentage of revenue that each product or service represents. | _____ % _____ % _____ % |

| A4 Requestor information (Complete this area if you are registering for a BN on behalf of a client.) | | | |
|--|------------------------------------|------|--------------|
| _____ | _____ | | |
| Your name (please print) | Your company's name (please print) | Year | Month Day |

Part B

Payroll deductions account information - Complete B1 and B2 if you need a BN payroll deductions account.

Do you want us to send you import/export information? Yes No

B1 Payroll deductions account identification (Check box if same as in Part A1 on page 1).

Account name (If you want to use a separate name for your payroll deductions account, enter that name here.)

Address

Postal or zip code

c/o

Mailing address for payroll deductions

Address

Postal or zip code

Contact person (If you choose to name a contact for your account, please see our pamphlet for more information.)

First name

Last name

Language

English French

Title

Telephone number

Fax number

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B2 General information (Please complete this area so that we can send you the information you need.)

a) Type of payment

- Payroll Registered retirement savings plan
- Registered retirement income fund Other (specify) _____

b) How often will you pay your employees or payees? Please check the pay period(s) that apply.

- Daily Weekly Bi-weekly Semi-monthly
- Monthly Annually Other (specify) _____

c) Will you use your own computer program for payroll purposes? No Yes If yes, do you need our payroll formulas? No Yes

d) Do you use a payroll service bureau? No Yes If yes, which one? (enter name) _____

e) Do you want to receive a copy of the Payroll Deductions Tables? No Yes

If yes, select one of the following. paper Windows diskette DOS diskette

f) When will you make the first payment to your employees or payees?

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 Year

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 Month

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 Day

g) What is the maximum number of employees you expect to have working for you at any time in the next 12 months? _____

h) Duration of business operation Year round Seasonal

If seasonal, please check month(s) of operation.

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| J | F | M | A | M | J | J | A | S | O | N | D |
|---|---|---|---|---|---|---|---|---|---|---|---|

i) If the business is a corporation, is the corporation a subsidiary or an affiliate of a foreign corporation? No Yes If yes, enter country. _____

j) Are you a franchisee? No Yes If yes, enter the name and country of the franchisor. _____

Part C – Import/export account information - Complete C1 and C2 if you need a BN import/export account for customs accounting purposes.Do you want us to send you import/export information? Yes No**C1 Import/export account identification** (Check box if same as in Part A1 on page 1.)

Import/export account name

Address

Postal or zip code

c/o

Mailing
address
(if different
from above)

Address

Postal or zip code

Contact person (If you choose to name a contact for your account, see our pamphlet for more information.)

First name

Last name

Language

 English French

Title

Telephone number

Fax number

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C2 Import/export informationType of account Importer Exporter Both Meeting, convention and incentive travel (MCIT)

If exporter, enter the type of goods you are exporting.

If exporter, enter the estimated annual value of goods you are exporting. \$ _____

Part D**Corporate income tax account information** - Complete D1 if you need a BN corporate income tax account.**D1 Corporate income tax account identification** (Check box if same as in A1 on page 1.)

c/o

Mailing
address for
corporate tax
purposes

Address

Postal or zip code

Contact person (If you choose to name a contact for your account, see our pamphlet for more information.)

First name

Last name

Language

 English French

Title

Telephone number

Fax number

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Part E**Certification** – All businesses have to complete this area.

As an authorized person, I, _____, certify that the information given on this form and in any document attached is, to the best of my knowledge, correct and complete.

Signature of authorized person_____
Position or office

| | | | | | | | | | |
|------|--|--|--|-------|--|-----|--|--|--|
| | | | | | | | | | |
| Year | | | | Month | | Day | | | |