Canada Revenue Agency | Agence du revenu du Canada

BUSINESS NUMBER (BN) – PAYROLL DEDUCTIONS ACCOUNT

Complete this form if you have a Business Number (BN) and you need a payroll deductions account. Complete a separate form for each additional payroll deductions account. If you need more information, see the pamphlet called *The Business Number and Your Canada Revenue Agency Accounts*.
If you have questions, including where to send this form, call us at 1-800-959-5525.

1 Identification of business (For a corporation, enter the name and address of the head office.)

Name (For individuals and partnerships, enter first and last names.)

Enter your Business Number (BN) here.

Language ☐ English ☐ 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.

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

Business address – must be a physical address, not a post office box.

Postal or zip code

Mailing address (if different from business address)

c/o

Address

Postal or zip code

Contact person – Complete this part to identify an employee of your business as your contact person in all matters pertaining to your account. To authorize an employee who does not work for your business, complete Form RC59, *Business Consent Form.* See our pamphlet for more information.

First name	Last name	Title	Telephone number	Fax number
			( )	( )

Do you want us to send you the New Employers Kit, which includes *Payroll Deductions Tables* and information? Yes ☐ No ☐

2 Major commercial activity

Clearly describe your major business activity. Give as much detail as possible in the space provided.

Specify up to three main products that you mine, manufacture, or sell, or services you provide or contract. Also, estimate the percentage of revenue that each product or service represents.

%

%

%

3 General information

a) What type of payment are you making?
☐ 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 design your own computer program for payroll purposes? Yes ☐ No ☐ If *yes,* do you need our payroll formulas? Yes ☐ No ☐

d) Do you want to receive the *Payroll Deductions Tables?* Yes ☐ No ☐

If yes, please select one of the following. ☐ Paper ☐ Diskette

e) Do you use a payroll service? Yes ☐ No ☐ If yes, which one? (enter name)

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

g) When will you make the first payment to your employees or payees? Year Month Day

h) Duration of business operation ☐ Year-round ☐ Seasonal

If seasonal, check months

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? Yes ☐ No ☐ If *yes*, enter country:

j) Are you a franchisee? Yes ☐ No ☐ If *yes*, enter the name and country of the franchisor:

Certification – All businesses have to complete and sign this part. You can sign this form if you are a sole proprietor, a partner, a corporate director, or an officer or authorized employee of the company. You can also sign it if the Canada Revenue Agency has on file a Form RC59, *Business Consent Form*, authorizing you as the company's representative.

I certify that the information given on this form is, to the best of my knowledge, true and complete.

Name (print) | Signature | Title | Year Month Day