

Part A2 – Owners information

Enter information for the sole proprietor, or all partners, corporation directors, or officers of the business. If you need more space, include the information on a separate piece of paper.

The social insurance number (SIN) is **mandatory** for the sole proprietor applying to register for a GST/HST program account (*Social Insurance Number Disclosure Regulations, Excise Tax Act*).

First name John	Last name Smith	Social insurance number (SIN)		
Title CFO	Work telephone number	Extension	Work fax number	
Occupation Executive	Home telephone number	Extension	Home fax number	
Mobile number				
First name Janet	Last name Bee	Social insurance number (SIN)		
Title President	Work telephone number	Extension	Work fax number	
Occupation Executive	Home telephone number	Extension	Home fax number	
Mobile number				
First name	Last name	Social insurance number (SIN)		
Title	Work telephone number	Extension	Work fax number	
Occupation	Home telephone number	Extension	Home fax number	
Mobile number				

Contact person – Please provide the name of a contact person for **registration purposes only** (this contact person 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 want to authorize a representative to deal with the Canada Revenue Agency (CRA) about your BN program accounts only by telephone and mail, fill in Form RC59, *Business Consent*.

Note: Online access must be requested through My Business Account at canada.ca/my-cra-business-account or Represent a Client at canada.ca/taxes-representatives.

First name	Last name			
Title	Telephone number	Extension	Fax number	Mobile number

Part A3 – Business information

Business name (Legal name) Orangeville Corporation	Business number				
Operating, trade, or partnership name (if different from business 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.					
Physical business location 1234 Apple Street	City Perth, Western Australia 6009			Postal or ZIP code	
Province, territory, or state	Country AUS	Postal or ZIP code			
Mailing address (if different from the physical business location) c/o	City			Postal or ZIP code	
Province, territory, or state	Country	Postal or ZIP code			
Address of business records (if different from the physical business location) c/o	City			Postal or ZIP code	
Province, territory, or state	Country	Postal or ZIP code			
Language of correspondence:	<input checked="" type="checkbox"/> English	<input type="checkbox"/> French			

Part A4 – Major business activity

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.

Note: Indicate if you are a listed financial institution or an SLFI for GST/HST purposes and a resident in Canada.

Investment

Specify up to three main products or services that you provide and the estimated percentage of revenue they each represent.

_____	_____ %
_____	_____ %
_____	_____ %

Part A5 – GST/HST information

Do you provide or plan to provide property or services in Canada or to export outside Canada?
If **no**, you generally cannot register for GST/HST. However, certain businesses may be able to register. Yes No

Are your total annual revenues from your worldwide taxable supplies, including those of any associates, more than \$30,000?
If **yes**, you **must** register for GST/HST.
Note: Special rules apply to charities and public institutions. Yes No

Are you a public service body whose total annual revenues from worldwide taxable supplies are more than \$50,000?
If **yes**, you **must** register for GST/HST.
Note: Special rules apply to charities and public institutions. Yes No

Are all the property and services you sell or provide exempt from GST/HST?
Note: In general, when you sell or provide only exempt property and services, you cannot register for the GST/HST. Yes No

Do you operate a taxi, commercial ride-sharing, or limousine service?
If **yes**, you **must** register for GST/HST, regardless of your revenue. Yes No

Are you an individual whose sole activity subject to GST/HST is from commercial rental income? Yes No

Are you a non-resident? Yes No

Are you a non-resident who enters Canada to directly supply taxable admissions to a place of amusement, a seminar, an activity, or an event held in Canada? If **yes**, you **must** register for GST/HST, regardless of your revenue. Yes No

Do you wish to register voluntarily? By registering voluntarily, you **must** begin to charge GST/HST on your taxable, other than zero-rated, supplies made in Canada and file returns even if your total annual revenues from your worldwide taxable supplies are \$30,000 or less (\$50,000 or less if you are a public service body). Yes No

Are you an SLFI that is required to be registered because you are making a reporting entity election or a tax adjustment transfer election, and you are not making a consolidated filing election or electing to be added to an existing consolidated filing election? Yes No

Part B – Registering for a GST/HST program account (RT)

If you want to register for a separate GST/HST program account for a branch or division of a head office, fill in Form GST10, *Application or Revocation of the Authorization to File Separate GST/HST Returns and Rebate Applications for Branches or Divisions*.

Note: More information must be provided if the effective date of registration indicated below is more than 30 days before the date of application for registration. Usually, depending on the business's situation, you must provide one of the following:

- sale invoices or other documents proving that the business began charging the GST/HST on the effective date entered on this form if you are voluntarily registering for the GST/HST; or
- a document (a balance sheet, a financial statement, or an information slip) proving that the business is required to register for GST/HST purposes because its revenues from taxable supplies, including zero-rated supplies, exceeded \$30,000 (or \$50,000 for a public service body) over the last four calendar quarters or in a single calendar quarter.

Part B1 – GST/HST program account identification

If the information is the same as in Part A3, tick this box.

If you want to use a separate name for this program account, enter the name. For example, a section or a division name.

Email address _____

Note: By providing your email address, you are registering for online mail. We will send you an email when notices, letters, and statements are available to be viewed in My Business Account at canada.ca/my-cra-business-account (separate registration for My Business Account is required). Once you have registered for online mail, we will no longer print and mail these correspondence items to you.

Physical business location	City
Province, territory, or state	Country
	Postal or ZIP code
Mailing address (if different from the physical business location) for GST/HST purposes c/o	City
Province, territory, or state	Country
	Postal or ZIP code

Language of correspondence: English French

Part B2 – Filing information

Enter the total annual revenue from your **taxable supplies in Canada** (dollar amount only — if you have no revenues, enter "0").

\$ _____

Enter the total annual revenue from your **worldwide taxable supplies** (dollar amount only — if you have no revenues, enter "0").

\$ _____

Enter the fiscal year-end for GST/HST purposes. If you do not enter a date, we will enter December 31.

Date (MMDD) _____

Do you want to make an election to change the fiscal year-end for GST/HST purposes?

Yes No

If **yes**, enter the date you would like to use.

Date (MMDD) _____

Enter the effective date of registration for GST/HST purposes.

Date (YYYYMMDD) _____

Part B3 – Reporting period

Unless you are a charity or a listed financial institution, we will assign you a reporting period based on your total annual revenues from GST/HST taxable supplies made in Canada (including those of your associates) for the **preceding year**. Tick the box in the left column that applies to you. If you want to elect to have a different reporting period than the one that you would otherwise be assigned, your options are listed below. Tick the box in the right column that applies to you.

Reporting period election

Tick **yes** if you want to file more frequently than the reporting period assigned to you.

Yes No

Total annual revenue from taxable supplies in Canada (including those of your associates)	Reporting period assigned to you, unless you choose to change it (see next column)	Reporting period options
<input type="checkbox"/> More than \$6,000,000	Monthly	No options available
<input type="checkbox"/> More than \$1,500,000 up to \$6,000,000	Quarterly	<input type="checkbox"/> Monthly
<input type="checkbox"/> \$1,500,000 or less	Annual	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Charities	Annual	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly
<input type="checkbox"/> Listed financial institutions	Annual	<input type="checkbox"/> Monthly or <input type="checkbox"/> Quarterly*

* Only available if your total annual GST/HST taxable supplies in Canada (including those of your associates) do not exceed \$6 million.

Part C – Registering for a payroll deductions program account (RP)

Fill in parts C1 and C2 if you need a payroll deductions program account.

Fill in a separate RC1 form for each division of your business that requires a payroll deductions program account.

Part C1 – Payroll deductions program account identification

If the information is the same as in Part A3, tick this box.

If you want to use a separate name for this program account, enter the name. For example, a section or a division name.

Email address

Note: By providing your email address, you are registering for online mail. We will send you an email when notices, letters, and statements are available to be viewed in My Business Account at canada.ca/my-cra-business-account (separate registration for My Business Account is required). Once you have registered for online mail, we will no longer print and mail these correspondence items to you.

Physical business location	City
Province, territory, or state	Country
	Postal or ZIP code
Mailing address (if different from the physical business location) c/o	City
Province, territory, or state	Country
	Postal or ZIP code
Language of correspondence:	<input type="checkbox"/> English <input type="checkbox"/> French

Part C2 – 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?
 Date (YYYYMMDD) _____
- f) Duration of business:
 Year-round Seasonal
 If **seasonal**, tick month(s) 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: _____

Part D – Registering for a corporation income tax program account (RC)

If you need a corporation income tax program account, fill in Part D1. If you have not provided a copy of your certificate of incorporation or amalgamation you **must** fill in parts D2 and D3.

Part D1 – Corporation program account identification

If the information is the same as in Part A3, tick this box.

Name (as listed on your certificate of incorporation)

Email address

Note: By providing your email address, you are registering for online mail. We will send you an email when notices, letters, and statements are available to be viewed in My Business Account at canada.ca/my-cra-business-account (separate registration for My Business Account is required). Once you have registered for online mail, we will no longer print and mail these correspondence items to you.

Physical business location City

Province, territory, or state Country Postal or ZIP code

Mailing address (if different from the physical business location) c/o City

Province, territory, or state Country Postal or ZIP code

Language of correspondence: English French

Part D2 – You must fill in this part if you have not provided a copy of your Canadian certificate of incorporation or amalgamation.

Certificate number: _____

Date (YYYYMMDD) _____

Date of incorporation _____

Date of amalgamation _____

Note

If you are a non-resident corporation that has incorporated outside of Canada, you **must** provide us with a copy of your certificate of incorporation or amalgamation.

Part D3 – Indicate the jurisdiction of your business.

Federal

Provincial _____ (province or territory)

Foreign **Australia** _____ (country or state)

Part E – Registering for an information return program account (RZ)**Part E1 – Information return program account identification**

If the information is the same as in Part A3, tick this box.

If you want to use a separate name for this program account, enter the name. For example, a section or a division name.

Email address _____

Note: By providing your email address, you are registering for online mail. We will send you an email when notices, letters, and statements are available to be viewed in My Business Account at canada.ca/my-cra-business-account (separate registration for My Business Account is required). Once you have registered for online mail, we will no longer print and mail these correspondence items to you.

Physical business location _____ City _____

Province, territory, or state _____ Country _____ Postal or ZIP code _____

Mailing address (if different from the physical business location) c/o _____ City _____

Province, territory, or state _____ Country _____ Postal or ZIP code _____

Language of correspondence: English French

Program account type – select only one. If you require more than one program account type, please complete another RC1 form.

Program account types	Information returns requiring an RZ account
<input type="checkbox"/> T5 group	<ul style="list-style-type: none"> • T5 – Return of Investment Income • T5007 – Return of Benefits • T5008 – Return of Security Transactions • RRSP – Contribution Receipts • PRPP – Pooled Registered Pension Plan (PRPP) • RRSP and RRIF Non-Qualified Investments • SAFER – Manitoba Shelter Allowance for Elderly Renters • Part XVIII Information Return – International Exchange of Information on Financial Accounts • Part XIX Information Return – International Exchange of Information on Financial Accounts
<input type="checkbox"/> TFSA	<ul style="list-style-type: none"> • TFSA – Tax-Free Savings Account
<input type="checkbox"/> T5018	<ul style="list-style-type: none"> • T5018 – Contract Payment Reporting
<input type="checkbox"/> Partnerships	<ul style="list-style-type: none"> • T5013 – Partnership Information Return • T106 – Information Return of Non-Arm's Length Transactions with Non-Residents (only if filed by a partnership) • T1134 – Information Return Relating to Controlled and Not-Controlled Foreign Affiliates (2011 and later taxation years—only if filed by a partnership)

Part F – Registering for an import-export program account (RM)

If you need an import-export program account for commercial purposes (you do not need to register for an import-export program account for personal importation), fill in parts F1 and F2.

Fill in a separate RC1 form for each branch or division of your business that needs an import-export program account for commercial purposes.

Part F1 – Import-export program account identification

If the information is the same as in Part A3, tick this box.

If you want to use a separate name for this program account, enter the name. For example, a section or a division name.

Physical business location	City	
Province, territory, or state	Country	Postal or ZIP code
Mailing address (if different from the physical business location) c/o	City	
Province, territory, or state	Country	Postal or ZIP code
Language of correspondence: <input type="checkbox"/> English <input type="checkbox"/> French		

Part F2 – Import-export information

Type of account:

Importer Exporter Both Importer-exporter Meeting, convention, and incentive travel

If you are applying for an exporter account, you **must** enter all of the following information:

Enter the type of goods you are or will be exporting:

Enter the estimated annual value of goods you are or will be exporting: _____

Part G – Certification

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

Note

Provide the name **and** social insurance number (SIN) of one of the following: owner, partner, or corporate director. The SIN is **mandatory** for individuals (sole proprietors) applying to register for a GST/HST program account (*Social Insurance Number Disclosure Regulations, Excise Tax Act*).

Social insurance number (SIN)	First name:	
	Last name:	

The individual signing this form is (tick only one box):

an owner a partner of a partnership a corporate director a corporate officer
 an officer of a non-profit organization a trustee of a trust a third party requestor

First name John	Last name Smith
Title CFO	Telephone number

I certify that the information given on this form is correct and complete.

Signature 	Date (YYYYMMDD) 2019-04-08
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To administer tax, benefits, rebates, elections, and related programs, personal information is collected under the following Acts:

- *Income Tax Act*
- *Excise Tax Act*
- *Custom Act*
- And other legislation

It may also be used for any purpose related to the administration or enforcement of these Acts 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 at canada.ca/cra-info-source, Personal Information Bank CRA PPU 223.

Other information you will need to provide

You will need to attach to your completed **RC1** the following. Please see **Appendix B** and **Appendix B-1** for an example of a completed RC1:

1. Copy of your certificate of incorporation