



A. Corporate Information

Business Name _____

Business Number _____ RC0001

Mailing Address _____

Fiscal Year End _____

GST Registrant? Yes No

• If yes, GST reporting frequency: Monthly Quarterly Annually

• If annually, GST fiscal period end: _____

Main Business Activitie(s)

Product / Service	Percentage

B. Authorized Signing Officer's Information

First Name _____ Last Name _____

Position _____

Tel (Work/Mobile) _____ Email _____

Do you have an existing an online business account with CRA? Yes No

C. Additional Information

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