



**3 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?  

Year			Month			Day					

f) Duration of business activity:                       Year-round                       Seasonal  
 If **seasonal**, tick the months 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: \_\_\_\_\_

**4 Direct deposit**

To use this option, fill in Form RC366, *Direct Deposit Request for Businesses*.

**5 Certification**

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

The individual signing this form is:

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

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

Signature: ► \_\_\_\_\_ Date (YYYY-MM-DD): 

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Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act 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 [www.cra-arc.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html](http://www.cra-arc.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html), personal information bank CRA PPU 223.