



NOTAX SERVICE

Regular **Priority**

Check which registration number(s) you have to obtain:

GST QST D.A.S. prov. D.A.S. fed. BN Corporate Tax

Check type of person presenting the request:

Natural Person Partnership Legal Person

Language of communication: French English

Name of business: _____

Other name used: _____

Address of head office: _____

Phone: _____

Directors/Officers/Partners/Individual
(residential address and phone number)

1. Name: _____ First name: _____ (home phone): _____

Address: _____

social insurance number (mandatory): _____

President Vice-president Secretary Treasurer Director Partner Other: _____

2. Name: _____ First name: _____ (home phone): _____

Address: _____

social insurance number (mandatory): _____

President Vice-president Secretary Treasurer Director Partner Other: _____

3. Name: _____ First name: _____ (home phone): _____

Address: _____

social insurance number (mandatory): _____

President Vice-president Secretary Treasurer Director Partner Other: _____

* See Annex A if more than 3 directors

Has Revenu Canada already issued you a Business Number (BN):	No	Yes	# _____
Date of commencement of business activities: Date of incorporation	Other: _____		
Date of financial year-end: 31 december	Other : _____		

Described the detailed commercial activities (in French):

Information on specific activities (if any)

If it is the purchase of a commercial building: Oui _____ Non _____
Address : _____

Owner : Yes _____ No _____

Sales of alcoholic beverages on the premises _____

Field of insurance if yes, which field: _____

Sales of tires if yes, new _____ or _____ used _____

Operates a lodging establishment If yes, which region: _____

If it's sales: retail _____ wholesale _____

If it's transportation, is it: Québec only _____ Outside Québec _____

If outside Québec, do you want the IFTA licence: yes _____ no _____

***** if it concerns a holding corporation, the questionnaire titled « Société de portefeuille » must be completed.**
***** if it concerns a restaurant, the questionnaire titled « Renseignement sur les établissements de restauration situés au Québec » must be completed.**
***** if it concerns forestry operations, the questionnaire titled « opérations forestières » must be completed.**

Yearly estimated amount of sales: \$ _____

Remittance period:

less or equal to \$1 500 000:	Yearly	Quarterly	Monthly
Over \$1 500 000 but less or equal to \$6 000 000:		Quarterly	Monthly
Over \$6 000 000:	Monthly		

***** If business is in the clothing manufacturing industry, note that the remittance period is automatically monthly.**

Date you want the registration to come into effect:

Date of incorporation _____ Other: _____

***** It is not possible to go more than a month from the filing date of the GST-QST form unless you have invoices on which the QST-QST have been charged.**

Are you in importation or exportation: Yes _____ No _____

If yes, indicate the type of account: Importer _____ Exporter _____ Import-Export _____

Specify type of exported goods: _____

Yearly estimated value of exported goods: \$ _____

Are you a franchisee: Yes _____ No _____ Name of franchisor: _____

Deduction at sources Section (D.A.S.)

The **first** payment of salary will occur (approximately): _____

Which pay period will you adopt for your employees?
Daily Weekly Bi-weekly Monthly Other : _____

Will you keep your pay records on **technological support**

Are you using a **payroll service** *if yes, indicate name:* _____

How many **employees** maximum for the next 12 months: _____

Do you wish to receive a copy of the payroll deduction tables on **computer support**?

ADDRESS OF MAIN PLACE OF BUSINESS: Same as head office

Other:

MAILING ADDRESS: Same as head office

Other:

*** PLEASE ATTACH THE FOLLOWING DOCUMENTS

- ✓ A copy of the **certificate of incorporation** if it concerns a corporation incorporated outside the province of Québec or outside Canada;
- ✓ A **proxy** signed by one of the **officers** (president, vice-president, secretary or treasurer) if it is for a corporation. For a partnership, one of the partners and for a sole proprietorship, the individual. This proxy must be sent by **fax at 514-393-4060**;
- ✓ Note that all requested information must be completed. **(Mandatory)**

Annex A

Directors/Officers/Partners/Individual

(residential address and phone number)

4. Name: _____ First name: _____ (home phone): _____
Address: _____
social insurance number (mandatory): _____
President Vice-president Secretary Treasurer Director Partner Other: _____

5. Name: _____ First name: _____ (home phone): _____
Address: _____
social insurance number (mandatory): _____
President Vice-president Secretary Treasurer Director Partner Other: _____

6. Name: _____ First name: _____ (home phone): _____
Address: _____
social insurance number (mandatory): _____
President Vice-president Secretary Treasurer Director Partner Other: _____

7. Name: _____ First name: _____ (home phone): _____
Address: _____
social insurance number (mandatory): _____
President Vice-president Secretary Treasurer Director Partner Other: _____

8. Name: _____ First name: _____ (home phone): _____
Address: _____
social insurance number (mandatory): _____
President Vice-president Secretary Treasurer Director Partner Other: _____

9. Name: _____ First name: _____ (home phone): _____
Address: _____
social insurance number (mandatory): _____
President Vice-president Secretary Treasurer Director Partner Other: _____

PROXY

The business below, hereby authorizes Thomson Reuters – Marque d’or and more precisely its employee :

- a) to take the necessary actions with the representatives of the Québec Ministry of Revenue in order to obtain the following registration numbers : GST, QST, deductions at source, corporate income tax and/or Business Number («tax numbers»); and
- b) sign and file the application to register for tax numbers.

Furthermore, we allow Revenu Québec and the Canada Revenue Agency to divulge the tax numbers to the employee of Thomson Reuters – Marque d’or and to provide to him or her any other relevant information for that purpose and in particular changes or any additional information requested.

Finally, the business below certifies that the information it had provided is accurate, complete, truthful and that no relevant information is omitted.

Mandate given to Thomson Reuters – Marque d’or, this _____ day of _____ the year _____

Name of business

*Authorized representative of the business
 (Name in print form)*

Signature of the authorized representative

- President Vice-president Secretary
- Treasurer Partner in a partnership (CcQ)
- Individual in a sole proprietorship

N.B. : *This proxy must be signed by at least one officer, partner or individual named in the application. In the case of a corporation, the proxy must be signed by the president, the vice-president, secretary or treasurer. In the case of a partnership, the proxy must be signed by one of the partners and in the case of an individual, the proxy must be signed by the latter.*

Fax

To: Thomson Reuters – Marque d'or

CHECK IF PRIORITY SERVICE

C/O: Notax Department

Fax number: 514 393-4060

From: _____

Our phone number: _____

Our client number: _____

Our file number: _____

Subject: Request to register for tax numbers

Good day,

Please find attached our application to obtain the tax numbers. If you need additional information, please contact us.

Yours truly

Name