

Request for an Information Return Program Account (RZ)

Complete this form to register for an RZ program account if you are filing any of the following information returns:

- T5 – Return of Investment Income
- T5007 – Return of Benefits
- T5008 – Return of Security Transactions
- RRSP – Contribution Receipts
- SAFER – Manitoba Shelter Allowance for Elderly Renters
- TFSA – Tax-Free Savings Account
- T5013 – Partnership Information Return
- T5018 – Contract Payment Reporting

For more information, see the related guide at www.cra.gc.ca/forms.

If you do not have a Business Number (BN) complete the RC1 – *Request for a Business Number* and this form. For more information see pamphlet RC2 – *The Business Number and Your Canada Revenue Agency Program Accounts*.

Please send this form and the RC1 if required to your nearest Tax Services Office. To find the address visit www.cra.gc.ca/contact. If you have questions visit www.cra.gc.ca/bn or call 1-800-959-5525.

Part A: General Information

Business Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				Language of Preference <input type="checkbox"/> English <input type="checkbox"/> French
Business Name (enter complete name as registered with the CRA)																				

Part B: Program Account Registration Information

Account Name (Division/Section Name)				
Physical Business Location c/o	City	Prov – State	Country	Postal or ZIP Code
Mailing Address (If different from above) c/o	City	Prov – State	Country	Postal or ZIP Code
Books and Records Address	City	Prov – State	Country	Postal or ZIP Code

Program Account Type – check one only. If you require more than one program account type, please complete another RC257.

T5, T5007, T5008, RRSP, SAFER
 TFSA (Tax-Free Savings Account)
 T5013
 T5018

Contact Person (for registration purposes only)

_____ () _____
 First and Last Name (print) Telephone Number

Part C: Certification – To Be Completed by Requestor

All businesses have to complete and sign this part. You are authorized if you are a sole proprietor, a partner, an officer of your business, a corporate director or an authorized representative.

Are you a third party requesting this registration on behalf of the business?

Yes (if Yes, provide your name and company name and telephone number below)
 No

Your name _____

Company name _____ Telephone Number () _____

To be authorized to speak on behalf of the business for the BN RZ program account, an RC59, *Business Consent Form* must be completed and submitted with this form. You can find this form at www.cra.gc.ca/forms.

The person signing this form is the

Owner
 Partner
 Corporate Director
 Officer
 Authorized Representative

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

First and Last Name (print) _____ Title _____

Signature _____ Date _____