



**INDIVIDUAL ENTERPRISE
REGISTRATION FORM**

Owner's Name Last First

Social Security Number Date of Birth
Day Month Year

Phone Number Work Home

ENTERPRISE INFORMATION

Trade Name

Phone Number

Start Date Day Month Year Close Date Day Month Year

Fiscal Year Start Day Month Fiscal Year Close Day Month

Trade Type (Please tick the appropriate box) Wholesale Retail Manufacturing Service Other

Business Activity (Please tick the appropriate box) Banking Hotel Restaurant Insurance Transport Other

Contact Name
Official to be contacted concerning the Enterprises' tax matters

Contact Title (Please tick the appropriate box) Manager President Supervisor Vice President Director Other

ENTERPRISE ESTABLISHMENTS (At least one Head Office must be entered)

Name <input type="text"/>	Head Office	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street <input type="text"/>	City/Village <input type="text"/>	Postal Code <input type="text"/>	<input type="text"/>
Name <input type="text"/>	Head Office	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street <input type="text"/>	City/Village <input type="text"/>	Postal Code <input type="text"/>	<input type="text"/>
Name <input type="text"/>	Head Office	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street <input type="text"/>	City/Village <input type="text"/>	Postal Code <input type="text"/>	<input type="text"/>
Name <input type="text"/>	Head Office	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street <input type="text"/>	City/Village <input type="text"/>	Postal Code <input type="text"/>	<input type="text"/>

REGISTERED NAME: _____

ENTERPRISE EMPLOYMENT

Last Name	First Name	Start Date Day Month Year	End Date Day Month Year	Employee No.

Photocopy this page if there are more employees to add to the list. Please provide an Individual Registration form for every employee listed above.

REGISTERED NAME: _____

I hereby certify that the information given on this registration form is true, correct and complete in every way.

Name (Print)

TITLE

SIGNATURE

DATE

OFFICIAL USE ONLY

Taxpayer #

Enterprise #

Opening Tax \$

Penalty \$

Interest \$