



**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 Close Date
Day Month Year Day Month Year

Fiscal Year Start Fiscal Year Close
Day Month 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 Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

Name Head Office Yes No

Street City/Village Postal Code

REGISTERED NAME: _____

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 \$

