

## Accounting

As a trainer, you will be required to maintain your books in proper order. Hiring a professional accountant to do your paperwork is highly recommended. Either way, if you decide to do the accounting yourself or hire a professional to do it, you will need to open a separate bank account and, although you are not required to register for GST/HST until your annual gross revenues exceed a minimum of \$30,000.00, it is recommended that you register for a GST/HST number as soon as possible.

How do you go about registering for a GST/HST number?

You will need the following information ready in order to get your GST/HST number:

- How is your business being structured?
- What is the legal name of the business?
- If your business is incorporated, you will need to provide:
  - Corporate name
  - Certificate number
  - Date of incorporation
  - Name(s) of the person(s) who has/have jurisdiction
- What is your operating name, if different from your legal name?
- What is the effective date of registration?
- Full name of at least one owner of the business or if you are the sole proprietor (self-employed) you will have to provide your Social Insurance Number (S.I.N.)
- Where will you be operating your business (operating address)?
- What is the business mailing address?
- How often do you wish to file your GST/HST? (Your reporting period may be assigned by Revenue Canada)
- When is your fiscal year-end?
- What is your business activity?
- Who is the contact person?

Once you have all of the above information handy, you can register by Internet at [www.cra.gc.ca](http://www.cra.gc.ca) or by calling 1-800-959-5525.

In order to maintain proper bookkeeping, you must have a contract in place between you and your owner, stating the services for which the owner is to be directly financially responsible and your rate schedule, including day rate and commissions on purses earned by the horses. The contract should also include terms of payment. You should have a proper invoicing system in place and be keeping copies of all relevant documents (vet bills, shoeing, etc).



BN

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### REQUEST FOR A BUSINESS NUMBER (BN)

Complete this form to apply for a business number (BN). If you are a sole proprietor with more than one business, your BN will apply to all your businesses. **All businesses have to complete parts A and F.** For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*. Please send this form 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**.

**Note:** If your business is in the province of Quebec and you want to register for the goods and services tax/harmonized sales tax (GST/HST), do not use this form. Contact Revenu Québec. However, if you want to register for any of the other three accounts listed below, complete the appropriate part indicated in the following instructions.

- To open a GST/HST account, complete parts A, B, and F.
- To open a payroll account, complete parts A, C, and F.
- To open an import/export account, complete parts A, D, and F.
- To open a corporation income tax account, complete parts A, E, and F.

#### Part A – General information

##### A1 Ownership type and Operation type

Individual
  Partnership
  Trust
  Corporation
  Other (specify: \_\_\_\_\_)

Are you incorporated?  Yes  No **(All corporations have to provide a copy of the certificate of incorporation or amalgamation or complete the information requested in Part E).**

Tick the box below that best describes your type of operation:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Sole proprietor        | <input type="checkbox"/> Federal government (publicly funded)     | <input type="checkbox"/> Other government body    |
| <input type="checkbox"/> Society                | <input type="checkbox"/> Federal government (not publicly funded) | <input type="checkbox"/> Strata condo corporation |
| <input type="checkbox"/> Employer of a domestic | <input type="checkbox"/> Provincial government                    | <input type="checkbox"/> Association              |
| <input type="checkbox"/> Foster parent          | <input type="checkbox"/> Municipal government                     | <input type="checkbox"/> University/school        |
| <input type="checkbox"/> Religious body         | <input type="checkbox"/> Financial institution                    | <input type="checkbox"/> Union                    |
| <input type="checkbox"/> Hospital               | <input type="checkbox"/> Employer-sponsored plan                  | <input type="checkbox"/> Diplomat                 |

##### A2 Owner(s) information – Complete this part to provide information for the individual owner, partner(s), corporation director(s), or officer(s) of the business. If you need more space, include the information on a separate piece of paper. The social insurance number (SIN) is mandatory for individuals (sole proprietors) applying to register for a GST/HST account (Social Insurance Number Disclosure Regulations, *Excise Tax Act*).

Social insurance number (SIN)	First name	Last name											
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Title	Work phone number	Work fax number											
	– –	– –											
Occupation	Home phone number	Home fax number											
	– –	– –											
	Cellular phone number	Pager number											
	– –	– –											
Social insurance number (SIN)	First name	Last name											
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Title	Work phone number	Work fax number											
	– –	– –											
Occupation	Home phone number	Home fax number											
	– –	– –											
	Cellular phone number	Pager number											
	– –	– –											

##### Contact Person – Please provide the name of a contact for registration purposes only (the contact name provided will not be considered an authorized representative). If you wish to authorize a representative to speak on your behalf about your BN program account(s), complete Form RC59, *Business Consent form*. For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*.

Title	First name	Last name
	Work phone number	Work fax number
	– –	– –
	Cellular phone number	Pager number
	– –	– –

**A3 Identification of business**

Name

Physical business location Postal or zip code

Mailing address (if different from the physical business location)  
c/o Postal or zip code

Operating / Trading name

Language of preference  English  French

**Are you a third party requesting the registration?**  Yes (If **yes**, enter your name and company name below).  No  
Your name: \_\_\_\_\_  
Company name: \_\_\_\_\_

**A4 Major business activity**

Clearly describe your major business activity. Give as much detail as possible using at least one noun, a verb, and an adjective.  
Example: Construction – Installing residential hardwood flooring.  
\_\_\_\_\_  
\_\_\_\_\_

Specify up to three main products or services that you provide or contract, and the estimated percentage of revenue they each represent.  
\_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

**A5 GST/HST information – For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts* .**

Do you provide or plan to provide goods or services in Canada or to export outside Canada? If **no**, you generally cannot register for GST/HST. However, certain businesses may be able to register. For details, see Pamphlet RC2.  Yes  No

Are your annual worldwide GST/HST taxable sales, including those of any associates, more than \$30,000? If **yes**, you **have** to register for GST/HST.  Yes  No  
**Note:** Special rules apply to charities and public institutions. For details, see Pamphlet RC2.

Are you a public service body (PSB) whose annual worldwide GST/HST taxable sales are more than \$50,000? If **yes**, you **have** to register for GST/HST.  Yes  No  
**Note:** Special rules apply to charities and public institutions. See Pamphlet RC2 for details.

Are all the goods/services you sell/provide exempt from GST/HST?  Yes  No

Do you operate a taxi or limousine service?  Yes  No  
If **yes**, you **have** to register for GST/HST regardless of your revenue.

Are you an individual whose sole activity subject to GST/HST is from commercial rental income?  Yes  No

Are you a non-resident?  Yes  No

Are you a non-resident who charges admission directly to audiences at activities or events in Canada? If **yes**, you **have** to register for GST/HST, regardless of your revenue.  Yes  No

Do you want to register voluntarily? By registering voluntarily, you **must** begin to charge GST/HST and file returns even if your worldwide GST/HST taxable sales are \$30,000 or less (\$50,000 or less if you are a public service body). For details, see Pamphlet RC2.  Yes  No

**Part B – GST/HST account information** – Complete a separate form for each division of your corporation that requires a GST/HST account.

**B1** **GST/HST account identification** - If the information is the same as in Part A3, tick the box.

Account name	
Physical business location	Postal or zip code
Mailing address (if different from the physical business location) for GST/HST purposes c/o	Postal or zip code

**B2** **Filing information** – For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*.

Enter the amount of your **sales in Canada** (dollar amount only)      \$ \_\_\_\_\_ (If you have no sales enter \$0)

Enter the amount of your **worldwide sales** (dollar amount only)      \$ \_\_\_\_\_ (If you have no sales enter \$0)

Enter the fiscal year-end for GST/HST purposes.  
If you do not enter a date, we will enter December 31.

Month		Day	

Do you want to make an election to change the fiscal year-end for GST/HST purposes?       Yes       No

If **yes**, enter the date you would like to use.

Month		Day	

Enter the effective date of registration for GST/HST purposes.

Year		Month		Day						

For information about when to register for GST/HST, see Pamphlet RC2.

**B3** **Reporting period**

Unless you are a charity or a financial institution, we will assign you a reporting period based on your total annual GST/HST taxable sales in Canada (including those of your associates) for the **preceeding year**. If you do not have annual sales from the preceeding year, your sales are \$0. If you want to elect for a different reporting period, your options, if any, are listed below. Please indicate in the right column which option you want to elect. For more information, see Pamphlet RC2, *The Business Number and Your Canada Revenue Agency Program Accounts*.

**Reporting period election**  
Select **yes** if you want to file more frequently than the reporting period assigned to you.       Yes       No

Total annual GST/HST taxable sales in Canada (including those of your associates)	Reporting period assigned to you, unless you choose to change it (see next column)	Options
<input type="checkbox"/> More than \$6,000,000	Monthly	No options available
<input type="checkbox"/> More than \$1,500,000 up to \$6,000,000	Quarterly	<input type="checkbox"/> Monthly
<input type="checkbox"/> \$1,500,000 or less	Annual	<input type="checkbox"/> Monthly <b>or</b> <input type="checkbox"/> Quarterly
<input type="checkbox"/> Charities	Annual	<input type="checkbox"/> Monthly <b>or</b> <input type="checkbox"/> Quarterly
<input type="checkbox"/> Financial institutions	Annual	<input type="checkbox"/> Monthly <b>or</b> <input type="checkbox"/> Quarterly

**B4** **Direct deposit information** – The account holder identified below requests and authorizes the Minister of National Revenue to directly deposit into the Canadian financial institution's account identified below, amounts payable to the account holder under Part IX of the *Excise Tax Act*.

Complete the information area below or attach a blank cheque and write "VOID" across the front. This method provides a faster, more convenient, and dependable way of receiving refunds. The CRA will deposit your GST/HST refund into your Canadian financial institution's bank account.

Branch number	Institution number	Account number

Name(s) of account holder(s):

**Part C – Payroll account information** – Complete parts C1 and C2 if you need a payroll account.

**C1** | **Payroll account identification** – If the information is the same as in Part A3, tick the box.

Account name \_\_\_\_\_

Physical business location \_\_\_\_\_

Postal or zip code \_\_\_\_\_

Mailing address (if different from the physical business location) for payroll deduction purposes  
c/o \_\_\_\_\_

Postal or zip code \_\_\_\_\_

Language of preference  English  French

**C2** | **General information**

a) What type of payment are you making?

- Payroll  Registered retirement savings plan  
 Registered retirement income fund  Other (specify) \_\_\_\_\_

b) How often will you pay your employees or payees? Please tick the pay period(s) that apply.

- Daily  Weekly  Bi-weekly  Semi-monthly  
 Monthly  Annually  Other (specify) \_\_\_\_\_

c) Do you use a payroll service?  Yes  No

If **yes**, which one? (Enter name.) \_\_\_\_\_

d) What is the maximum number of employees you expect to have working for you at any time in the next 12 months? \_\_\_\_\_

e) When will you make the first payment to your employees or payees?

Year				Month				Day				

f) Duration of business:  Year-round  Seasonal

If seasonal, tick month(s) of operation: 

J	F	M	A	M	J	J	A	S	O	N	D
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g) If the business is a corporation, is it a subsidiary or an affiliate of a foreign corporation?  Yes  No

If **yes**, enter country: \_\_\_\_\_

h) Are you a franchisee?  Yes  No

If **yes**, enter the name and country of the franchisor: \_\_\_\_\_

**Part D – Import/export account information** – If you need an import/export account for commercial purposes (you do not need to register for an import/export account for personal importation), complete D1 and D2. Complete a separate form for each branch or division of your corporation that needs an import/export account for commercial purposes.

<b>D1</b>	<b>Import/export account identification</b> – If the information is the same as in Part A3, tick the box. <input type="checkbox"/>	
Account name		
Physical business location		Postal or zip code
Mailing address (if different from the physical business location) for import/export purposes c/o		Postal or zip code
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French		
Do you want us to send you import/export account information? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>D2</b>	<b>Import/export information</b>
Type of account: <input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Both importer/exporter <input type="checkbox"/> Meeting, convention, and incentive travel	
If you are applying for an exporter account, you <b>must</b> enter all of the following requested information.	
Enter the type of goods you are or will be exporting: _____	
Enter the estimated annual value of goods you are or will be exporting. \$ _____	

**Part E – Corporation income tax account information** – If you need a corporation income tax account, complete Part E1. If you have not provided your certificate of incorporation or amalgamation you have to complete Part E2.

<b>E1</b>	<b>Corporation income tax account identification</b> – If the information is the same as in Part A3, tick the box. <input type="checkbox"/>	
Name (as listed on your certificate of incorporation)		
Physical business location		Postal or zip code
Mailing address (if different from the physical business location) c/o		Postal or zip code
Language of preference <input type="checkbox"/> English <input type="checkbox"/> French		

<b>E2</b>	Complete this part if you have not provided a copy of your certificate of incorporation or amalgamation.	
<b>Jurisdiction</b>		
Certificate Number _____	<input type="checkbox"/> Federal	
Date of Incorporation _____	<input type="checkbox"/> Provincial _____	(province)
Date of Amalgamation _____	<input type="checkbox"/> Foreign _____	(country)

**Part F – Certification**  
All businesses have to complete and sign this part. You are authorized to sign this form if you are an individual, a partner, an officer of your business or a corporation director. If the direct deposit information is entered, an authorized representative **may not** sign this form.

The person signing this form is the: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporation director <input type="checkbox"/> Officer <input type="checkbox"/> Authorized representative																		
<b>I certify that the information given on this form is, to the best of my knowledge, true and complete.</b>																		
_____		_____																
First and last names (print)		Title																
_____		_____																
Signature		<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="4" style="text-align: center;">Year</td> <td colspan="2" style="text-align: center;">Month</td> <td colspan="2" style="text-align: center;">Day</td> </tr> </table>									Year				Month		Day	
Year				Month		Day												

# Standardbred Racing



## Stable

### Training Contract

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\_\_\_\_\_  
Trainer name

\_\_\_\_\_  
Owner name

The services of the trainer will include daily training, care, feed and bedding for a daily rate of \$\_\_\_\_\_. Fees for blacksmith, veterinarian, vitamins and supplements, stall rent, tack shop, shipping and paddocking will be added to the monthly invoice.

Fees:

- Blacksmith      copy of blacksmith invoice will be included
- Veterinarian      copy of veterinarian invoice will be included
- Stall rent      \$\_\_\_\_\_ monthly
- Paddock      \$\_\_\_\_\_ per race
- Shipping      \$\_\_\_\_\_ per km
- Tack shop      \$ copy of tack shop invoice will be included

Increase in any of the above fees will be agreed upon and will be subject to a newly signed contract.

The owner will pay staking fees and starting fees directly to the Sponsor and/or the racetrack, if applicable.

If, for any reason, additional fees become necessary, the trainer will discuss the charges with the owner, and both must agree, in writing, as to responsibility and schedule. Invoices must be paid in full to the trainer by the \_\_\_th day of the month.

Additional condition:

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Invoice No. 000001

Invoice date:

# Standardbred Racing



## Stable

Owner \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

# INVOICE

<b>Horse's name:</b>			
<b>For the period from:</b>		<b>to:</b>	
<b>Description</b>		<b>Unit Price</b>	<b>Total</b>
Feed, Care & Training			
Stall Rent			
Veterinarian			
Blacksmith			
Tack Shop			
Use of Race Bike			
Paddocking			
Trucking			
Vitamins			
Miscellaneous			
<b>Notes:</b>			
<b>Payment Details</b>		<b>Sub Total</b>	<b>\$</b>
Cash	\$	HST	\$
Cheque	\$	Previous Invoice	\$
Cheque #		Payment Rec'd	\$-
Money order	\$	<b>TOTAL</b>	<b>\$</b>

GST/HST # \_\_\_\_\_