



CANADIAN FOURSQUARE CHURCH

2017 YEAR-END AUDIT CONFIRMATION FORM

A. CHURCH CONTACT INFORMATION

NAME OF CHURCH: _____ **CITY:** _____

Church Mailing Address: _____ Postal Code: _____

Church Telephone: _____ Website: _____

Administrative Accountant: _____ Accounting Email Address: _____

Council Treasurer Name: _____ Email of Treasurer: _____

Authorized CRA Contact: _____ Church Fiscal Year-End Date: _____

Registration (BN) # 10739 6905 RR Payroll # 10739 6905 RP GST # 10739 6905 RT

B. CHURCH BANKING INFORMATION

(Use additional pages for more than one account)

Name of Banking Institution? _____ Account # _____

Church Authorized Bank Contact: _____ Name on Account: _____

Signing Authorities: Title _____ Name _____

Title _____ Name _____

Title _____ Name _____

Title _____ Name _____

C. PASTOR/STAFF/EMPLOYEE INFORMATION

Does the church have paid employees?	Yes	No
Have all salaries & payroll deductions been paid? (If not, list names & amount due on separate sheet).	Yes	No
Have your paid staff/employees (who are eligible) been enrolled in the Foursquare Benefit Plan?	Yes	No
Group Insurance Plan?	Yes	No
Pension Plan?	Yes	No
Have all GIP Premiums and Pension Plan contributions been paid to National Office?	Yes	No

D. CAPITAL ASSETS & VEHICLES

(Please refer to the Administrative Manual: Sections 8.9 & 8.10)

Purchased Assets/Dispositions from **current year**- attach list & copy of receipts/invoices \$ _____

Total Assets/Inventory - attach list \$ _____

Does church own a vehicle(s)? Yes No Make & model: _____

Registration # _____ License Plate#: _____

Registered Owner: _____ Insurance Company: _____

Type of Coverage: _____ Amount of Coverage: \$ _____

Use additional pages for more than one vehicle

E. INSURANCE CONFIRMATION

Name of Insurance Company or Agent: _____

Expiry Date of Policy: _____

Does your insurance policy include the Foursquare Gospel Church of Canada as a named insured? Yes No

(If no, please contact your insurance agent to make correction.)

Note: Please refer to the Administrative Manual: Section 8.1 (The insurance company will usually supply the National Office with this information if requested.)

F. CHURCH BUILDING (Building Improvements ONLY) "ONLY" for 01/01/17 ~ 12/31/17

Building Improvements/Expenses for current year-- Please attach list & copies of receipts/invoices \$ _____

G. CHURCH DEBTS (Ask Lender where necessary)

Line-Of-Credit (Other Bank) Balance Owing December 31, 2017 \$ _____

Amount owing to Other Sources December 31, 2017 Property \$ _____

Lease:

Months remaining on lease: _____ Monthly Payments: \$ _____

Equipment Lease:

Months remaining on lease: _____ Monthly Payments: \$ _____

H. OVERSEAS MISSIONS PROJECTS

Has the church sent funds out of country for overseas missions projects? Yes No

If yes, please specify names of countries: _____

How were the funds transferred (through National Office or direct)? _____

I. SIGNATURES

Signatures verify that the information on this form is correct and confirms that all documents listed on the checklist have been sent into the National Office.

Signature of Pastor

Date of Signature

Signature of Council Treasurer

Date of Signature

