



CANADIAN FOURSQUARE CHURCH

2018 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) # <u>10739 6905 RR</u>	Payroll # <u>10739 6905 RP</u> GST # <u>10739 6905 RT</u>

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 01/01/18~ 12/31/18

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, 2018 \$ _____

Amount owing to Other Sources December 31, 2018 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

