



everychild.one voice.

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EVERY UNIT, COUNCIL AND DISTRICT PTA
MUST COMPLETE AND RETURN THIS FORM *EVEN* IF NO ONE WAS PAID

WORKERS' COMPENSATION ANNUAL PAYROLL REPORT

(Attach insurance premium payment to Report and forward to council/district PTA as directed by their due date. Payment must be received from district PTA on or before January 31.)

Name of PTA _____ District PTA _____

Address _____ Council _____

City _____ Zip _____

Please note: List only those employees that PTA pays directly. Attach copies of all DE-6 and DE-542. Do NOT list when monies are donated to school district for employee salaries. Do NOT list company name, only individual names.

| 1 | NAME OF WORKER | TYPE OF WORK BE SPECIFIC | DOES PERSON PAID CARRY HIS/HER OWN WORKERS' COMPENSATION INSURANCE? | | DATES WORKED | PAYROLL AMOUNT PAID |
|----|---|-----------------------------|---|----|-------------------------------|------------------------|
| | | | YES* | NO | JAN 5, ____ TO JAN 4, ____ | |
| 2 | | | | | | |
| 3 | | | | | | |
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| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| A | <i>Total Payroll for ALL Employees</i> | | | | | |
| B | <i>Less \$1000</i> | | | | | - \$1,000.00 |
| C | <i>Gross Payroll</i> | | | | | |
| D | <i>Premium due for additional Workers' Compensation insurance coverage. ____% of Gross Payroll (Line C)</i> | | | | | |

*If yes, worker must supply the PTA with a Certificate of Insurance from his/her Workers' Compensation insurance carrier.
This report form must be completed and forwarded through channels to reach the California State PTA office no later than January 31.

- Unit, council and district PTAs are required to file this form, **even if no one was paid.**
- Report ALL paid workers – attach additional Payroll Report detail pages(s) as necessary.
- Attach copies of quarterly employee reporting forms DE-6 and DE-542 for Independent Contractors.
- Write "NO ONE PAID" across form if no one was paid.
- Signed by treasurer or president.
- Forward through channels (unit to council to district). DO NOT send directly to the California State PTA office.
- See *California State PTA Toolkit*, "Workers' Compensation Annual Report," 5.3.3i for more information.

Date _____

Signed _____

Telephone (_____) _____

Position _____