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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 thos monies are donated to scho			•			
	NAME OF WORKER	TYPE OF WORK BE SPECIFIC	DOES PERSON PAID CARRY HIS/HER OWN WORKERS' COMPENSATION INSURANCE?		DATES WORKED JAN 5, TO	PAYROLL AMOUNT PAID	
			YES*	NO	JAN 4,		
1							
2							
3							
5							
6							
7							
8							
9							
10							
11							
12							
Α	Total Payroll for ALL Employees						
В	Less \$1,000 - \$1,000.						
С	Gross Payroll						
D	Premium due for additional Workers' Compensation insurance coverage% of Gross Payroll (Line C)						
This	s, worker must supply the PTA report form must be completed Unit, council and district PTAs a Report ALL paid workers – atta Attach copies of quarterly empl Write "NO ONE PAID" across for Signed by treasurer or presider Forward through channels (unit See California State PTA Toolk	and forwarded through are required to file this ich additional Payroll R oyee reporting forms I orm if no one was paid int. t to council to district). it, "Workers' Compensa-	n channels to r form, even if eport detail pa DE-6 and DE-5 DO NOT send ation Annual R	each the Californino one was paid ges(s) as necess 42 for Independent directly to the Caleport," 5.3.3i for r	ia State PTA office no late ary. nt Contractors. lifornia State PTA office. more information.	er than January 31.	
	none ()						

Fig. 5-10 Workers' Compensation Annual Payroll Report

Finance California State PTA Toolkit 217