

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 deadline date. Payment must be received from district PTA on or before January 31)

Name of PTA _____ District _____
Address _____ Council _____
City _____ Zip _____

Please note: List only those employees that PTA pays directly. Attach copies of al 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.

Name of Worker	TYPE OF WORK <small>BE SPECIFIC</small>	DOES PERSON PAID CARRY HIS/HER OWN WORKERS' COMPENSATION INSURANCE?		DATES WORKED <small>JAN 5, [] TO JAN 4, []</small>	PAYROLL AMOUNT PAID
		YES*	NO		
1					
2					
3					
4					
5					
6					
7					
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. 5% 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.
- Insurance premium received in the California State PTA office after January 31 is subject to a \$25 late fee by State PTA.
- See California State PTA Toolkit, "Workers' Compensation Annual Report," 5.6.5 for more information.

Date _____ Signed _____
Phone (_____) _____ Position _____

FOR COUNCIL/DISTRICT PTA USE ONLY				
PAYMENT DATE	CHECK NUMBER	AMOUNT OF CHECK	TOTAL PREMIUM (LINE D)	AMOUNT DUE
SIGNATURE (Council/district PTA president or treasurer):				