

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 12 – JAN 4 13</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>					
C	<i>Gross Payroll</i>					
D	<i>Premium due for <b>additional</b> Workers' Compensation insurance coverage. 3.5% 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," for more information.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Position \_\_\_\_\_

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