

**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.

|    | NAME OF WORKER   | TYPE OF WORK<br>BE SPECIFIC | DOES PERSON PAID CARRY<br>HIS/HER OWN WORKERS'<br>COMPENSATION INSURANCE? |    | DATES WORKED<br>JAN 5, ____ TO<br>JAN 4, ____ | PAYROLL<br>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 \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ 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): |              |                 |                        |            |