

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						
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. ____% 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 \_\_\_\_\_