

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, 2018 to<br>JAN 4, 2019 | 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 \$1,000</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 \_\_\_\_\_

**Fig. 5-10 Workers' Compensation Annual Payroll Report**