

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 1099s. 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>	DATES WORKED <small>JAN 5 05 – JAN 4 06</small>	PAYROLL AMOUNT PAID		DOES PERSON PAID CARRY HIS/HER OWN WORKERS' COMPENSATION INSURANCE?	
			<small>JAN 5 05 – JAN 4 06</small>	<small>JAN 5 05 – JAN 4 06</small>	<small>Yes*</small>	<small>No</small>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
A			Total Payroll for ALL Employees			
B			Less \$1000		- \$1,000.00	
C			Gross Payroll			
D			Premium due for additional Workers' Compensation insurance coverage. 5% of Gross Payroll (Line C)			
E			<i>Base Amount of Insurance that ALL PTAs must Pay</i>			
F			<i>Enter \$0.00 if Line A is less than \$1000</i>			
G			<i>Enter amount from Line D above for additional Workers' Compensation coverage</i>			
H			<i>Check must be enclosed for this amount (Add Line F + Line G)</i> TOTAL PREMIUM			

*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 1099 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 H)	AMOUNT DUE
SIGNATURE (Council/district PTA president or treasurer):				