

Check this box if no one was paid.

WORKERS' COMPENSATION ANNUAL PAYROLL REPORT

Payment of any surcharge due must be postmarked or initiated electronically no later than January 31.

For more information about making payments electronically, please call 800-876-4044 or email capta@aim-companies.com.

If any additional surcharge is due, checks should be made payable to "AIM" and mailed to:

8144 Walnut Hill Lane, Suite 900, Dallas, TX 75231.

Name of PTA (as shown in bylaws) _____

Address _____ City _____ Zip _____

Federal EIN _____ PTA Unit ID _____ PTA Council _____ PTA District _____

School District (optional) _____

Please note: List only those payees that your PTA pays directly for services. Do NOT list payees when money is donated to a school district to pay workers.

			AMOUNT PAID FOR SERVICES TO PAYEES:		
NAME OF PAYEE (INDIVIDUAL OR ORGANIZATION)			WITH THEIR OWN WORKERS' COMP COVERAGE*	WITHOUT THEIR OWN WORKERS' COMP COVERAGE	
TYPE OF WORK (BE SPECIFIC)			DATES WORKED (JAN 5, 2020 TO JAN 4, 2021)		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
A	Total paid to payees WITHOUT their own workers' compensation coverage				
B	Subtract \$1,000 (if Line A is less than \$1,000, enter "\$0" on Lines C and D)				-\$1,000.00
C	Total payments subject to surcharge (Line A minus \$1,000 on Line B)				
D	Surcharge due (multiply Line C by 5 percent)				

* Amounts should only be entered in this column if the payee has provided your PTA with a Certificate of Insurance (COI) specifying workers' compensation coverage and related limits. For any amounts entered in this column, a COI must be attached to this report. Please note, general liability is NOT workers' compensation insurance.

- This form may be filed electronically at <https://aiminsurance.formstack.com/forms/capta>.
- Report ALL payees your PTA paid directly for services (attach additional report pages as necessary).
- This report should be signed by your PTA's treasurer or president.
- If your PTA's total payments to payees without their own workers' compensation coverage is \$1,000 or less, NO surcharge is due.
- **Please do NOT send this report or any surcharge due to your council, district, or state PTA.**
- This report must be completed and mailed to AIM **no later than January 31**.

Date _____ Name _____ Position _____
(Treasurer or President)

Phone () _____ Email Address _____ Signature _____