

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 BE SPECIFIC	DOES PERSON PAID CARRY HIS/HER OWN WORKERS' COMPENSATION INSURANCE?		DATES WORKED JAN 5, 2018 to JAN 4, 2019	PAYROLL 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**