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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 payees that PTA pays directly for services. Do NOT list payees when monies are donated to a school district to pay workers.

	NAME OF PAYEE (INDIVIDUAL OR ORGANIZATION)	TYPE OF WORK (BE SPECIFIC)	DOES THE PAYEE CARRY THEIR OWN WORKERS' COMPENSATION INSURANCE?		DATES WORKED (JAN 5, 20__ TO JAN 4, 20__)	AMOUNT PAID FOR SERVICES
			YES*	NO		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
A	Total for ALL Payees					
B	Less \$1,000					
C	Gross Pay					
D	Premium due for additional Workers' Compensation insurance coverage. 5% of Gross Pay (Line C)					

* If "yes", the payee must provide a Certificate of Insurance from their Workers' Compensation insurance carrier to the PTA. The Certificate must list limits in the Workers' Compensation section and be attached to this report form. Please note, General Liability insurance is NOT Workers' Compensation insurance.

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 payees PTA paid directly for services – attach additional Payroll Report detail pages(s) as necessary.
- 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," for more information.

Date _____ Signed _____

Phone (_____) _____ Position _____

FOR COUNCIL/DISTRICT PTA USE ONLY				
PAYMENT DATE	CHECK NUMBER	AMOUNT OF CHECK	TOTAL ADDITIONAL PREMIUM (LINE D)	AMOUNT DUE
SIGNATURE (Council/district PTA president or treasurer):				