California State PTA
everychild.onevoice.

2327 L Street, Sacramento, CA 95816-5014 • (916) 440-1985 • FAX (916) 440-1986 Email info@capta.org • www.capta.org

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 Scarritt Elementary District 45

Address 1234 Bales Street Council Out of Council

City My Town, CA Zip 90000

Please note: List only those employees that PTA pays directly. Attach copies of al 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? YES*	NO	DATES WORKED JAN 5, 13 TO JAN 4, 14	PAYROLL AMOUNT PAID
1	Mary Jones	babysitter		no	2/14; 4/21	$50.00
2	Sally Smith	babysitter		no	10/14; 11/5	$200.00
3	Joe Harris	musician		no	10/12-10/14	$500.00
4	Bill Johnson	carpenter		no	1/3 - 4/5	$1500.00
5	John White paid $150.00	storyteller	YES		1/10	
6	Sarah Melody	Holiday show help		no	12/1 - 12/5	$250.00
7						
8						
9						
10						
11						
12						
A	*Total Payroll for ALL Employees*					$2500.00
B	*Less $1000*					- $1,000.00
C	*Gross Payroll*					$1500.00
D	*Premium due for **additional** Workers' Compensation insurance coverage. 5% of Gross Payroll (Line C)*					$75.00

*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.
- 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 December 21, 2013 Signed Martha Jones

Phone (000) 123-4567 Position Treasurer

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):				

SAMPLE