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)

<table>
<thead>
<tr>
<th>NAME OF PAYEE (INDIVIDUALS ONLY)</th>
<th>TYPE OF WORK (BE SPECIFIC)</th>
<th>DATES WORKED (JAN 5, 2021 TO JAN 4, 2022)</th>
<th>AMOUNT PAID FOR SERVICES TO PAYEES:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>WITH THEIR OWN WORKERS' COMP COVERAGE*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>WITHOUT THEIR OWN WORKERS' COMP COVERAGE</td>
</tr>
</tbody>
</table>

List all only individuals that the organization paid directly for services, if any.

Don't forget to do the math calculations.

*Amounts should only be entered in this column if the individual 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://aim-companies.com/capta-wcreporting/
- Report ALL individuals 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 individuals 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 ____________________

Remember to check this box if no one was paid.