

**Remember to check this
box if no one was paid.**

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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.

**Look at your bylaws for the legal
name of your PTA as well as your
specific legal entity numbers.**

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 individuals that your PTA pays directly for services. Do NOT list individuals when money is donated to a school district to pay workers.

			AMOUNT PAID FOR SERVICES TO PAYEES:	
NAME OF PAYEE (INDIVIDUALS ONLY)			WITH THEIR OWN WORKERS' COMP COVERAGE*	WITHOUT THEIR OWN WORKERS' COMP COVERAGE
1				
2	List all only individuals that the organization paid directly for services, if any.			
3				
4				
5				
6				Don't forget to do the math calculations.
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 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.**

**Complete all this information
and remember to sign your form!**

Date _____ Name _____ Position _____

(Treasurer or President)

Phone () _____ Email Address _____ Signature _____