

Employer Name: \_\_\_\_\_

# TIME SHEET

## Live-in Domestic Employment

Employee Name: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
Vacation Time	-----	-----		-----	
Sick/Personal	-----	-----		-----	
WEEKLY TOTALS:					

Type	Hourly Rate	# Hours	Amount
Regular Hours			\$
Overtime Hours			\$
Vacation Hours			\$
Sick/Personal Leave Hours			\$
<b>Total Gross Pay (a)</b>			(a) \$

Deductions From Wage – Pre Tax	Amount
Employee Contribution to Employer Provided Health Insurance	\$
<b>Total Pre Tax Deductions (b)</b>	(b) \$

Deductions From Wage - Taxes	
Gross Taxable Wage [(a) – (b) = Gross Taxable Wage]	[c] \$
Less Social Security Tax 6.2% [ c * .062]	\$ OR Paid by Employer
Less Medicare Tax 1.45% [ c * .0145]	\$ OR Paid by Employer
Less Withheld Employee Federal Income Tax	\$ OR Not Withheld
Less Withheld Employee State Income Tax	\$ OR Not Withheld
<b>Net Payment to Employee</b>	\$

Payment Date \_\_\_\_\_ via Check # \_\_\_\_\_ or ☐ EFT to Employee Bank Acct or ☐ Cash

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Date: \_\_\_\_\_