TIME SHEET
Live-Out Domestic Employment

Employee Name: ____________________________
Employee SSN: ____________________________

Week Ending: ______________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Start Time</th>
<th>End Time</th>
<th>Regular Hrs.</th>
<th>Overtime Hrs.</th>
<th>Total Hrs.</th>
</tr>
</thead>
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</tbody>
</table>

Vacation Time: ----- ----- -----
Sick/Personal: ----- ----- -----

WEEKLY TOTALS:

<table>
<thead>
<tr>
<th>Type</th>
<th>Hourly Rate</th>
<th># Hours</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular Hours</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Overtime Hours</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>(150% of regular hourly rate)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Vacation Hours</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Sick/Personal Leave Hours</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Total Gross Pay (a)</td>
<td></td>
<td></td>
<td>(a) $</td>
</tr>
</tbody>
</table>

Deductions From Wage – Pre Tax

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Contribution to Employer Provided Health Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Total Pre Tax Deductions (b)</td>
<td>(b) $</td>
</tr>
</tbody>
</table>

Deductions From Wage - Taxes

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Social Security Tax ![c * .062]</td>
<td>![c] $</td>
</tr>
<tr>
<td>or Paid by Employer</td>
<td></td>
</tr>
<tr>
<td>Less Medicare Tax ![c * .0145]</td>
<td>![c] $</td>
</tr>
<tr>
<td>or Paid by Employer</td>
<td></td>
</tr>
<tr>
<td>Less Withheld Employee Federal Income Tax</td>
<td>![c] $</td>
</tr>
<tr>
<td>or Not Withheld</td>
<td></td>
</tr>
<tr>
<td>Less Withheld Employee State Income Tax</td>
<td>![c] $</td>
</tr>
<tr>
<td>or Not Withheld</td>
<td></td>
</tr>
<tr>
<td>Net Payment to Employee</td>
<td>![c] $</td>
</tr>
</tbody>
</table>

Payment Date ____________ via Check # ____________ or □ EFT to Employee Bank Acct or □ Cash

Employee Signature: ____________________________ Date: ____________________________

Employer Signature: ____________________________ Date: ____________________________

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