*Contract Labor/ Hourly Time Sheet

Property Name _____

Vendor Name: _____
Address _____
_____

Tax I.D.#(SSN) _____

For Property Managers Use Only:
- ☐ **New Employee**
- ☐ **Full time employee of my Property**
- ☐ **On loan from another Property**

Work Done

Unit #	Date	Work Completed	Hours or $ Amount

Total Hours _____

***Contractor Only**: Contractor understands that he and his employees are not covered by our workers compensation policy, or our liability insurance policy. Contractor further understands that he is responsible for all of his own income taxes. Contractor will be provided with a 1099 at the end of each year, for all income over $400 per year and it will be his responsibility to pay any and all local and federal taxes.

_____ _____
Signature Date

_____ _____
Manager Property Date

FORM #20