

202 Tax Year	Client: _____			Resident City: _____	
	City 1	City 2	City 3		
City Name	Days Worked	Days Worked	Days Worked	Nonwork Days PTO/Sick/Vaca	Total All Days
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Totals					
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