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Department of the Treasury Internal Revenue Service

## Employer's Annual Information Return of Tip Income and Allocated Tips

Establishment number (See instructions.)

ie and Anocated Tips			19 <b>94</b>		
			establishment (check e box)		
		1	Evening meals only		
Employer identification number		2	Evening and other meals		
1		3	Meals other than eve- ning meals		
		4	Alcoholic beverages		

Apt. or suite no.

Employer's name

Use IRS label. Make any necessary

changes. Otherwise, please type or

print.

Number and street (P.O. box, if applicable.)

Name of establishment

Number and street (See instructions.)

City or town, state, and ZIP code

City, town or post office, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.)

Che	ck the applicable box: Final Return Amended Return		
1	Total charged tips for 1994.	1	
2	Total charged receipts (other than nonallocable receipts) showing charged tips	2	
3	Total amount of service charges of less than 10% paid as wages to employees	3	
4a	Total tips reported by indirectly tipped employees	4a	
b	Total tips reported by directly tipped employees	4b	
с	Total tips reported (Add lines 4a and 4b.)	4c	
5	Gross receipts from food or beverage operations (other than nonallocable receipts).	5	
6	Multiply line 5 by 8% (.08) or the lower rate shown here ► granted by the district director. Attach a copy of the district director's determination letter to this return .	6	
	<b>Note:</b> If you have allocated tips using other than the calendar year (semimonthly, biweekly, quarterly, etc.), put an <b>X</b> on line 6 and enter the amount of allocated tips from your records on line 7.		
7	Allocation of tips. If line 6 is more than line 4c, enter the excess here	7	
	This amount must be allocated as tips to tipped employees working in this establishment. Check the box below that shows the method used for the allocation. (Show the portion, if any, attributable to each employee in box 8 of the employee's Form W-2.) Allocation based on hours-worked method (See instructions for restriction.)		
d	Note: If you checked line 7a, enter the average number of employee hours worked		
b	per business day during the payroll period. (See instructions.)Allocation based on gross receipts method		
с	Allocation based on good faith agreement (Attach copy of agreement.) $\Box$		
8	Total number of directly tipped employees at this establishment during 1994 <b>&gt;</b>		
	r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a rue correct, and complete	ind to the	e best of my knowledge and belief,

For Paperwork Reduction Act Notice, see the separate instructions.

Signature 🕨

Title 🕨

Date 🕨