Form **8027**

Department of the Treasury

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

OMB No. 1545-0714

1995

Interna	Revenue Servic	ie				
ال معال	RS label.	Name of establishment	\neg			establishment (check box)
	ks label. ke any essary anges. erwise,				1	Evening meals only
cha		Number and street (See instructions.) Employer identification number				Evening and other meals
please	e type or rint.	City or town, state, and ZIP code				Meals other than evening meals
					4	Alcoholic beverages
Employer's name						hment number ructions.)
Number and street (P.O. box, if applicable.) Apt. or suite no.						
City, town or post office, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.)						
Check the box if applicable: Final Return Amended Return						
1	Total charg	ged tips for 1995	1			
2	Total charç	ged receipts (other than nonallocable receipts) showing charged tips	2			
3	Total amou	unt of service charges of less than 10% paid as wages to employees	3			
4a	Total tips r	reported by indirectly tipped employees	4a			
b	Total tips r	reported by directly tipped employees	4b			
С	Total tips r	reported (Add lines 4a and 4b.)	4c			
5	Gross rece	eipts from food or beverage operations (other than nonallocable receipts).	5			
6		ne 5 by 8% (.08) or the lower rate shown here ▶ granted by ector. Attach a copy of the district director's determination letter to this returns				
	,	ou have allocated tips using other than the calendar year (semimonthly, biwe etc.), put an $m{X}$ on line 6 and enter the amount of allocated tips from your rec	,			
7	Allocation	of tips. If line 6 is more than line 4c, enter the excess here	7			
	This amou Check the	Int must be allocated as tips to tipped employees working in this establishmes box below that shows the method used for the allocation. (Show the portionable to each employee in box 8 of the employee's Form W-2.)	nent.			
а	Allocation	based on hours-worked method (See instructions for restriction.)				
b	•	ess day during the payroll period. (See instructions.)based on gross receipts method				
С	Allocation	based on good-faith agreement (Attach copy of agreement.)				
8		total number of directly tipped employees at this establishment during 1995		han!		observate des 11 ° C
	penalties of pue, correct, an	erjury, I declare that I have examined this return, including accompanying schedules and statem ad complete.	ents, and to the	pest o	or my	y knowledge and belief,

Date ▶