Form 8027 Employer's Annual Information Return of Tip Income and Allocated Tips						╞	OMB No. 1545-0714
	ment of the Treasury I Revenue Service	See separate instructio	ns.				1999
Mal nec cha Othe please	RS label. ke any essary anges. erwise, etwise,		oyer identification	n number			of establishment (check one box) 1 Evening meals only 2 Evening and other meals 3 Meals other than evening meals 4 Alcoholic beverages
Emplo	yer's name						lishment number nstructions.)
Number and street (P.O. box, if applicable.) Apt. or suit					ite no.		
City, s	state, and ZIP coc	de (If a foreign address, see instructions.)					
Chec	ck the box if a	applicable: Final Return Amended Re	turn				
1	Total charged	d tips for calendar year 1999			1		
2	Total charged	d receipts (other than nonallocable receipts) showing char	ged tips .		2		
3	Total amount	t of service charges of less than 10% paid as wages to e	mployees.		3		
4a	Total tips rep	ported by indirectly tipped employees			4a		
b	Note: Comp.	ported by directly tipped employees	oyees on pag	 ge 4 of	4b		
с	Total tips rep	ported (Add lines 4a and 4b.)			4c		
5	Gross receip	ts from food or beverage operations (other than nonalloca	able receipts)		5		
6		5 by 8% (.08) or the lower rate shown here ► tor. Attach a copy of the district director's determination I	-	•	6		
		have allocated tips using other than the calendar year (see .), put an " X " on line 6 and enter the amount of allocated tip					
7	Allocation of	tips. If line 6 is more than line 4c, enter the excess here			7		
	Check the bo any, attributa Allocation ba Note: <i>If you</i> <i>per business</i>	must be allocated as tips to tipped employees working in ox below that shows the method used for the allocation. (able to each employee in box 8 of the employee's Form V ased on hours-worked method (See instructions for restric checked line 7a, enter the average number of employee aday during the payroll period. (See instructions.)	Show the po V-2.) ction.) <i>hours worke</i>	rtion, if			
С	Allocation ba	ased on good-faith agreement (Attach copy of agreement.)				
		al number of directly tipped employees at this establishm ury, I declare that I have examined this return, including accompanying sc complete.			to the	best of	my knowledge and belief,

Signature ►	Title 🕨	Date	►
For Privacy Act and Paperwork Reduction Act Notic	e, see page 4 of the separate	instructions. Cat. No. 49989	Form 8027 (1999)