Form 8027

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

OMB No. 1545-0714

1996

Department of the Treasury Internal Revenue Service

	Name of establishment					f establishment (check ne box)
Use IRS lab Make any		Number and street (See instructions.) Employer identification number			□ 1	Evening meals only
necessary changes. Otherwise	•				□ 2	Evening and other meals
please type print.		City or town, state, and ZIP code			□ 3	Meals other than evening meals
Employer's r	namo					Alcoholic beverages
Employer 3 harrie						ishment number structions.)
Number and street (P.O. box, if applicable.) Apt. or suite n						
City, town o	r post of	fice, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and c	country.)			
Check the	e box if	f applicable: Final Return Amended Return	T			
1 Tota	I charg	ed tips for 1996		1		
2 Tota	Total charged receipts (other than nonallocable receipts) showing charged tips					
3 Tota	Total amount of service charges of less than 10% paid as wages to employees 3					
4a Tota	Total tips reported by indirectly tipped employees					
b Tota	l tips re	eported by directly tipped employees		4b		
c Tota	l tips re	eported (Add lines 4a and 4b.)		4c		
5 Gros	ss rece	ipts from food or beverage operations (other than nonallocable receipts).		5		
	Multiply line 5 by 8% (.08) or the lower rate shown here \blacktriangleright granted by the district director. Attach a copy of the district director's determination letter to this return .			6		
quai	-	u have allocated tips using other than the calendar year (semimonthly, biw tc.), put an X on line 6 and enter the amount of allocated tips from your re	- 1			
7 Alloc	cation o	of tips. If line 6 is more than line 4c, enter the excess here		7		
Che	ck the	nt must be allocated as tips to tipped employees working in this establish box below that shows the method used for the allocation. (Show the portitable to each employee in box 8 of the employee's Form W-2.)				
Note	e: If yo	based on hours-worked method (See instructions for restriction.)				
b Alloo	cation I	based on gross receipts method				
c Alloc	cation I	based on good-faith agreement (Attach copy of agreement.)				
		otal number of directly tipped employees at this establishment during 199		14- ''	h/ *	line and a decided a line of the control of the
it is true, co		erjury, I declare that I have examined this return, including accompanying schedules and state d complete.	ments, and	i to the	nest of t	ny knowleage and belief,
				_		
Signature >	•	Title ►		Dat	e ►	