Form 8027 Emp		7 Employer's Annual Information Return of Tip Income and Allocated Tips			OMB No. 1545-0714	
Department of the Treasury Internal Revenue Service					1993	5
Mai nec cha Othe please	RS label. ke any essary inges. erwise, e type or rint.	Name of establishment Number and street (See instructions.) Employer identification number City or town, state, and ZIP code		only one 1 2 3	establishment (box) evening meals evening and of meals meals other th evening meals alcoholic bever	only ther an
Employer's name					hment number ructions.)	•
Number and street (P.O. box, if applicable.) Apt. or su						
City, t	own or post o	ffice, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.)				
lf thi	s is a Final	Return, check here If this is an Amended Return,	check	here .	 	
1	Total charg	ged tips for 1993	1			
2	Total char	ged receipts (other than nonallocable receipts) showing charged tips	2			
3	Total amo	unt of service charges of less than 10% paid as wages to employees	3			
4a		reported by indirectly tipped employees	4a			
b		reported by directly tipped employees	4b			
С		reported (Add lines 4a and 4b.)	4c			
_			5			
5		eipts from food or beverage operations (other than nonallocable receipts)				
6		ne 5 by 8% (.08) or the lower rate shown here ► granted by the ector.	6			
	Note: If you quarterly, of on line 7.	bu have allocated tips using other than the calendar year (semimonthly, biweekly, etc.), put an \mathbf{X} on line 6 and enter the amount of allocated tips from your records If you have been granted a rate lower than 8%, attach a copy of the district determination letter to this return.				
7	Allocation	of tips. If line 6 is more than line 4c, enter the difference here	7			
	Check the any, attribut Allocation Note: <i>If ye</i> <i>per busine</i>	Int must be allocated as tips to tipped employees working in this establishment. box below that shows the method used for the allocation. (Show the portion, if utable to each employee in box 8 of the employee's Form W-2.) based on hours-worked method (See instructions for restriction.)				
с	Allocation	based on good faith agreement (Attach copy of agreement.) $\hfill\square$				
8		per of directly tipped employees at this establishment during 1993		haat of a	u lun qual - d	d bellet
	penalties of p ue, correct, ar	perjury, I declare that I have examined this return, including accompanying schedules and statements, and d complete.	i to the t	Dest of my	/ knowledge ar	iu pellet,

Signature	►

Title 🕨

Date 🕨

Cat. No. 49989U

For Paperwork Reduction Act Notice, see the separate instructions.