Form **8027**

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

OMB No. 1545-0714

Department of the Treasury Internal Revenue Service

► See separate instructions.

Siana	turo.	Titla ▶	D	to ▶
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.				
8 Enter the total number of directly tipped employees at this establishment during 2000 ▶				
С	Allocation	based on good-faith agreement (Attach copy of agreement.)		
b	Allocation	based on gross receipts method		
	,	ess day during the payroll period. (See instructions.)		
а	Allocation	based on hours-worked method (See instructions for restriction.)	Y//////	
		box below that shows the method used for the allocation. (Show the portugular to each employee in box 8 of the employee's Form W-2.)	tion, if	
,	This amou	of tips. If line 6 is more than line 4c, enter the excess here	ment.	
7			7	
	-	etc.), put an " X " on line 6 and enter the amount of allocated tips from your re	- <i>(//////</i>	
		n a copy of the IRS determination letter to this return	· · ·	
6	Multiply line 5 by 8% (.08) or the lower rate shown here ▶ granted by the IRS. Attach a copy of the IRS determination letter to this return		· .	
5	Gross receipts from food or beverage operations (other than nonallocable receipts)			
С	Total tips	reported (Add lines 4a and 4b.)	4c	
		ctions to determine potential unreported tips of your employees.		
b	•	reported by directly tipped employees mplete the Employer's Optional Worksheet for Tipped Employees on page		
4a				
_				
3	Total amount of service charges of less than 10% paid as wages to employees			
2	Total char	ge receipts (other than nonallocable receipts) showing charged tips	2	
1	Total char	ged tips for calendar year 2000	1	
Ched	ck the box	only if applicable: Final Return Amended Return		
City, state, and ZIP code (If a foreign address, see instructions.)				
Number and street (P.O. box, if applicable.) Apt. or su				(See instructions.)
Employer's name				L 4 Alcoholic beverages Establishment number
print.	o 1,500 o.	City or town, state, and ZIP code		evening meals
changes. Otherwise, please type or				meals
Make neces	any	ny		1 Evening meals only2 Evening and other
Heo II	RS label.	Name of establishment		Type of establishment (check only one box)