Form **8027**

Department of the Treasury Internal Revenue Service

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

► See separate instructions.

OMB No. 1545-0714

2007

Signa	nture ▶ Title ▶		Date ▶			
	rue, correct, and complete.	.,		,		,
8 Unde	Enter the total number of directly tipped employees at this establishment during 2007 repealties of perjury, I declare that I have examined this return, including accompanying schedules and statements.		the best of	mv know	ledge an	d belief
С	Allocation based on good-faith agreement (Attach a copy of the agreement.)					
b	Allocation based on gross receipts method					
	Note. If you marked the checkbox in line 7a, enter the average number of employee hours worked per business day during the payroll period. (see instructions)	6				
а	Allocation based on hours-worked method (see instructions for restriction)					
	Check the box below that shows the method used for the allocation. (Show the portionary, attributable to each employee in box 8 of the employee's Form W-2.)	on, if				
	► This amount must be allocated as tips to tipped employees working in this establishm					
7	records on line 7. Allocation of tips. If line 6 is more than line 4c, enter the excess here	7	-			
	quarterly, etc.), mark an "X" on line 6 and enter the amount of allocated tips from	-				
	(Attach 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 (Attach a copy of the IRS determination letter to this return)		,			
5	Gross receipts from food or beverage operations (not less than line 2—see instruction		j			—
С	Total tips reported (add lines 4a and 4b)	4	<u> </u>			+-
	of the instructions to determine potential unreported tips of your employees.					
b	Total tips reported by directly tipped employees	4	D .			+-
			h			
4 a	Total tips reported by indirectly tipped employees	4	a			
3	Total amount of service charges of less than 10% paid as wages to employees	3	3			
2	Total charge receipts showing charged tips (see instructions)	2	2			
1	Total charged tips for calendar year 2007	1				-
	ibuted Tip Income Program (ATIP). See Revenue Procedure 2006-30					▶□
	s this establishment accept credit	Ch	eck if: Ar Fi	mended nal Ret		n 🗌
City	state, and ZIP code (if a foreign address, see instructions)					
Numk	per and street (P.O. box, if applicable)	pt. or suite n		Struction	5)	
Emple	oyer's name (same name as on Form 941)		Estab	lishment nstruction	number	
					ng meals olic bever	anes
	City or town, state, and ZIP code		Пз	meals Meals	other tha	an
	Number and street (see instructions) Employer identification number			1 Evening meals only 2 Evening and other		
	Name of establishment		only o	ne box)		
			I IVDe d	or establis	snment (c	:neck