Form 8027	Employer's Annual Informa Tip Income and Alloc		n of	OMB No. 1545-0714
Department of the Trease Internal Revenue Service	sury	•		1997
Use IRS label.	Name of establishment			Type of establishment (check only one box)
Make any necessary changes.	Number and street (See instructions.)	ployer identification n	umber	1 Evening meals only 2 Evening and other
Otherwise, please type or	, City or town, state, and ZIP code			meals 3 Meals other than
print.				evening meals
Employer's name				4 Alcoholic beverages Establishment number
				(See instructions.)
Number and street (P	P.O. box, if applicable.)	ļ A	Apt. or suite no.	
City, town or post off	ffice, state, and ZIP code (If a foreign address, enter city, province or state	्, postal code, and co	ountry.)	I
Check the box if	f applicable: Final Return 🗌 Amended R	Return		
1 Total charg	ged tips for 1997		1	
0			2	
2 Total charg	ed receipts (other than nonallocable receipts) showing ch	arged tips	🔼	
3 Total amou	int of service charges of less than 10% paid as wages to	employees	3	
4a Total tips re	eported by indirectly tipped employees		<u>4a</u>	
b Total tips re	eported by directly tipped employees		4b	
	nplete the Employer's Optional Worksheet for Tipped Emp tions to determine potential unreported tips of your emplo		4 of	
c Total tips re	eported (Add lines 4a and 4b.)		<u>4c</u>	
5 Gross recei	eipts from food or beverage operations (other than nonallo	cable receipts).	5	
	ne 5 by 8% (.08) or the lower rate shown here ► ector. Attach a copy of the district director's determination			
-	nu have allocated tips using other than the calendar year (s etc.), put an X on line 6 and enter the amount of allocated t	-	-	
7 Allocation of	of tips. If line 6 is more than line 4c, enter the excess here	e	7	
Check the	nt must be allocated as tips to tipped employees working box below that shows the method used for the allocation utable to each employee in box 8 of the employee's Form	. (Show the portion		
a Allocation k Note: If you	based on hours-worked method (See instructions for restructions for restructions for restructions for restructions of employed checked line 7a, enter the average number of employed set of the set of	riction.)		
	ss day during the payroll period. (See instructions.) based on gross receipts method			
	based on good-faith agreement (Attach copy of agreemer	nt.)		
8 Enter the to	otal number of directly tipped employees at this establish	ment during 199	7 🕨	
	erjury, I declare that I have examined this return, including accompanying			e best of my knowledge and belie

Signature 🕨	Title ►	
For Paperwork Reduction Act Notice, see	ce, see page 4 of the separate instructions.	
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