Form 8027

Department of the Treasury Internal Revenue Service

## Employer's Annual Information Return of Tip Income and Allocated Tips > See the separate instructions.

2017

		•		
Go to www.irs	aov/Form8027.	for instructions	and the late	est information.

	Name of establishment		Empl	oyer io	lentific	ation	numb	er			
Check if:	Check if: Number and street (see instructions)				Type of establishment (check						
Amended Return	mended Return			only one box)							
Final Return	City or town, state, and ZIP code			<b>1</b> Evening meals only							
			<b>□</b> 2	Even meal	ing anc s	l other					
			3		s other ing mea						
			4	Alcol	nolic be	verage	es				
			Establishment number (see instructions)								
Number and street (P.O. bo	x, if applicable)	Apt. or suite no.									

City, state, and ZIP code (if a foreign address, see instructions)

Does this establishment accept credit cards, debit cards, or other charges? 🗌 Yes (lines 1 and 2 must be completed) 🗌 N					
1	Total charged tips for calendar year 2017	1			
2	Total charge receipts showing charged tips (see instructions)	2			
3	Total amount of service charges of less than 10% paid as wages to employees	3			
4a	Total tips reported by indirectly tipped employees	4a			
b	Total tips reported by directly tipped employees	4b			
с	Total tips reported (add lines 4a and 4b)	4c			
5 6	Gross receipts from food and beverages (not less than line 2–see instructions) Multiply line 5 by 8% (0.08) or the lower rate shown here $\blacktriangleright$ granted by the IRS. If you use a lower rate, attach a copy of the IRS determination letter to this return	5			
-	<b>Note:</b> If you have allocated tips using other than the calendar year (semimonthly, biweekly, quarterly, etc.), mark an <b>"X"</b> on line 6 and enter the amount of allocated tips from your records on line 7.	7			
7	<ul> <li>Allocation of tips. If line 6 is more than line 4c, enter the excess here</li></ul>	1			
а	Allocation based on hours-worked method (see instructions for restriction)				
b	Allocation based on gross receipts method				
с	Allocation based on good-faith agreement				

8 Enter the total number of directly tipped employees at this establishment during 2017 ►

Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature 🕨

Title 🕨

Date 🕨