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

See the separate instructions.

OMB No. 1545-0714

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8027 for instructions and the latest information.

| Check if : Amended Return Final Return | | Name of establishment Number and street (don't enter a P.O. box). See instructions. City or town, state, and ZIP code | | Type of establishment (check only one box) 1 Evening meals only 2 Evening and other meals | | | | | | |
|---|---|--|---------------------|--|-----------------------|--------------------------------------|-----------------------|--|-------------------|---|
| | | | | | | 3 Meals other than evening meals | | | | |
| | | | | | | | | | | 4 Alcoholic beverages |
| | | | | | | Employer's name (see instructions) | | | | Establishment number (see instructions) |
| | | | | | | Number | r and street (or P.O. | box number, if mail isn't delivered to street address) | Apt. or suite no. | |
| | | | | City, sta | ate, and ZIP code (if | a foreign address, see instructions) | | <u> </u> | | |
| Does | this establishm | ent accept credit cards, debit cards, or other charges? Yes (lines 1 and 1 a | and 2 must b | e completed) | | | | | | |
| 1 | Total charged | tips for calendar year 2023 | | 1 | | | | | | |
| 2 | Total charge r | eceipts 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 | | | | | | | | |
| | Note: Complete the Employer's Optional Worksheet for Tipped Employees in the instructions to determine potential unreported tips of your employees. | | | | | | | | | |
| С | Total tips reported (add lines 4a and 4b) | | | 4c | | | | | | |
| 5 | Gross receipts from food and beverages (not less than line 2—see instructions) | | | 5 | | | | | | |
| 6 | | | | | | | | | | |
| | | | | 6 | | | | | | |
| | • | have allocated tips using a period other than the calendar year (sem rterly, etc.), mark an "X" on line 6 and enter the amount of allocated on line 7. | | | | | | | | |
| 7 | • | ips. If line 6 is more than line 4c, enter the excess here | | 7 | | | | | | |
| | This amount Check the box | must be allocated as tips to tipped employees working in this estable below that shows the method used for the allocation. Show the portion ach employee in box 8 of the employee's Form W-2. | olishment. | | | | | | | |
| а | | ed on hours-worked method (see instructions for restriction) | 🗆 | | | | | | | |
| _ | Note: If you | marked the checkbox on line 7a, enter the average number of employer business day during the payroll period. (see instructions) | oyee | | | | | | | |
| b | | ed on gross receipts method | | | | | | | | |
| С | Allocation bas | ed on good-faith agreement | 🗆 📗 | | | | | | | |
| 8 | | number of directly tipped employees at this establishment during 2023 | | also and halfor this t | | | | | | |
| complet | | I declare that I have examined this return, including accompanying documents, and to the bo | est of my knowle | uge and belief, it is true, correct, and | | | | | | |
| C: · | | T IM - | _ | | | | | | | |
| Signatu | ıre | Title | Da | ate | | | | | | |