

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

# 1994

Department of the Treasury  
Internal Revenue Service

**Use IRS label. Make any necessary changes. Otherwise, please type or print.**

Name of establishment	Employer identification number	Type of establishment (check only one box) <input type="checkbox"/> 1 Evening meals only <input type="checkbox"/> 2 Evening and other meals <input type="checkbox"/> 3 Meals other than evening meals <input type="checkbox"/> 4 Alcoholic beverages
Number and street (See instructions.)		
City or town, state, and ZIP code		

Employer's name	Establishment number (See instructions.)
Number and street (P.O. box, if applicable.)	

Apt. or suite no. \_\_\_\_\_

City, town or post office, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) \_\_\_\_\_

Check the applicable box:      Final Return       Amended Return

<b>1</b> Total charged tips for 1994 . . . . .	<b>1</b>	
<b>2</b> Total charged receipts (other than nonallocable receipts) showing charged tips . . . . .	<b>2</b>	
<b>3</b> Total amount of service charges of less than 10% paid as wages to employees . . . . .	<b>3</b>	
<b>4a</b> Total tips reported by indirectly tipped employees . . . . .	<b>4a</b>	
<b>b</b> Total tips reported by directly tipped employees . . . . .	<b>4b</b>	
<b>c</b> Total tips reported (Add lines 4a and 4b.) . . . . .	<b>4c</b>	
<b>5</b> Gross receipts from food or beverage operations (other than nonallocable receipts) . . . . .	<b>5</b>	
<b>6</b> Multiply line 5 by 8% (.08) or the lower rate shown here ► _____ granted by the district director. Attach a copy of the district director's determination letter to this return . . . . . <b>Note:</b> If you have allocated tips using other than the calendar year (semimonthly, biweekly, quarterly, etc.), put an <b>X</b> on line 6 and enter the amount of allocated tips from your records on line 7.	<b>6</b>	
<b>7</b> Allocation of tips. If line 6 is more than line 4c, enter the excess here . . . . . This amount must be allocated as tips to tipped employees working in this establishment. Check the box below that shows the method used for the allocation. (Show the portion, if any, attributable to each employee in box 8 of the employee's Form W-2.) <b>a</b> Allocation based on hours-worked method (See instructions for restriction.) . . . . . <input type="checkbox"/> <b>Note:</b> If you checked line 7a, enter the average number of employee hours worked per business day during the payroll period. (See instructions.) _____ <b>b</b> Allocation based on gross receipts method . . . . . <input type="checkbox"/> <b>c</b> Allocation based on good faith agreement (Attach copy of agreement.) . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b> Total number of directly tipped employees at this establishment during 1994 ►		

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.

Signature ► \_\_\_\_\_ Title ► \_\_\_\_\_ Date ► \_\_\_\_\_

