

## ATTACHMENT C

### TIPPED EMPLOYEE PARTICIPATION AGREEMENT

I am an employee of  
and wish to participate in my employer's tip reporting program.

In accordance with a Tip Rate Determination Agreement between my employer and the Internal Revenue Service, I agree to report my tips to my employer, as required by law, at or above the tip rate established by my employer and approved by the IRS for my Occupational Category.

I also acknowledge that, to continue participation in my employer's tip reporting program, I must file all federal tax returns required by law and pay all federal taxes for which I am liable.

#### EMPLOYEE

Name (printed):

Signature:

Home address:

Social Security Number:

DATE:

Attachments:

Copy of TRDA and Attachment B (Occupational Categories and Tip Rates)  
Copy of TRDA Information for Employees