

**EMPLOYEE'S DECLARATION OF ELECTION TO REPORT TIPS**

For the Purpose of Workers' Compensation

Pursuant to NRS 616B.227

EMPLOYER: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_ TO \_\_\_\_\_

AMOUNT OF TIPS RECEIVED DURING PERIOD: \$ \_\_\_\_\_

I understand that the reporting of false information may disqualify me from receiving workers' compensation benefits, and may subject me to criminal and civil penalties. I declare under penalty of perjury that the information provided concerning the amount of tips which I have received is true and correct to the best of my knowledge. Those tips are declared as wages for the calculation of workers' compensation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE SUBMITTED TO YOUR EMPLOYER BEFORE THE END OF THE PAY PERIOD THAT FOLLOWS THE PAY PERIOD INDICATED ABOVE.**