

TAXABLE YEAR

CALIFORNIA SCHEDULE

Group Nonresident Return Payment Transfer Request

1067B

Business entity/corporation name and address
FEIN
California Secretary of State (SOS) file no., if issued
Taxable year (yyyy)

Type of Payment.

☐ Estimate payment.☐ Withholding payment at source.

Check only one of the boxes below. Use separate sheets if needed.

A. ☐ Move payments from the group to the individual account.B. ☐ Move payments from the individual account to the group.

Original payment reduced to: _____ Total amount transferred to group: _____

Important: It takes 6 to 8 weeks to process your request to move estimated tax payments.

	Name of individual and SSN or ITIN	Individual's complete address	* Taxpayer in or out	Prior year transfer	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Extension payments	Total payments
1										
2										
3										
4										
5										
6										
7										
8										
TOTALS		Page _____ of _____								

* If taxpayer status has changed after transfer (ie: included or excluded from group) please submit a revised 1067A with this request.

I have been authorized by the above-named business entity/corporation and individuals to request the transfer of payments as shown above.

Authorized signature	Print name	Title	Date	Telephone	Contact person
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Fax or mail to: Fax: 916.845.9392

Mailing address: GROUP FILING PROGRAM MS L170
ATTN: INFORMATION VALIDATION SECTION (732)
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468Do not attach this request to the return.
This request must be faxed or mailed separately from the return.