## **Nonresident Group Return Schedule**

1067A

Attach this	schedule to	2 VOLIF	California	aroun	Form	540NR
Allacii lilis	Scriedule (	o voui	Calliottila	uloub	COLLI	340IND

S Corporation/Partnership/Limited Liability Company name

FEIN

DBA

CA corporation no. or CA Secretary of State file no.

## Electing Nonresident Individuals (Shareholders/Partners/Members) Included in the Group Nonresident Return (Use additional sheet(s) it necessary)

Note: Column (a) and (b) - If the nonresident individual has a spouse/RDP, include the spouse's/RDP's information in both columns.

Column (c) - Enter the individual's distributive share of California source income from the business entity's tax ble year ending in 2019.

Column (d) - Amount of deferred compensation deduction. See FTB Pub. 1067, Section H, for more information.

Column (q) - Tax credit allowable. See FTB Pub. 1067, Section H, for more information.

Column (h) – See Schedule 1067A Instructions, Part I, for more information.

(a) SSN or ITIN (FEINS not allowed see instructions)	(b) First name, MI, Last name	(c) Total CA source income	(d) Deferred compensation	(e) CA source in come less deferred compensation, col. (c) - col. (d)	Col. (e) × 12.3%	(g) Credit	(h) Mental Health Services Tax If the individual's total CA taxable income from all sources is more than \$1 million, multiply col. (e) by 1%	(i) Total tax col. (f) - col. (g) + col. (h)
•	•	•	0	•	•	•	•	•
•		•	•	•	•	•	•	•
•	•		•	•	•	•	•	•
•		•		•	•	•	•	•
•	0 0	•	0	•	•	•	•	•
•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•
•	•		•	•	•	•	•	•
•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•
1 Total of Part I		•	•	•	•	•	•	•

Corporation name		FEIN
DBA	CA corporation	on no. or CA Secretary of State file no.

Part II Electing Nonresident Directors Included in the Group Nonresident Return (Use additional sheet(s) if necessary.)
Note: Column (h) – Mental Health Services Tax. See General Information, for more information.

(a) Director's SSN or ITIN	(b) Director's Name	(c) Director's Comp  (c) Director's Form 1099 income	(d) Director's Form W-2 Income	(e) Total col. (c) + col. (d)		(g) No credits allowed	(h) Mental Health Services Tax If the director's total CA taxable income from all sources is more than \$1 million, multiply co. (e)	(i) Total tax col. (f) + col. (h)	(j) CA Wage Withholding Reported on Form W-2 (or CA Sch. W-2)
•	•	•	•	0	•		by 1%	•	•
•	•	•	• 7	•	0		•	•	•
•	•	•	•	•	•		•	•	•
•	•	•	•	•	•		•	•	•
•	•	•	•	•	•		•	•	•
•	•	0	•		•		•	•	•
•	•	•	0		•		•	•	•
•	•	•	0	•	•		•	•	•
•	•	•	•	•	•		•	•	•
•	•	0	•	•	•		•	•	•
•	•	0	•	•	•		•	•	•
•	•	0	•	•	•		•	•	•
•	•	•	•	•	•		•	•	•
2. Total of Part II		•	•	•	•	0.00	•	•	•
3. Grand Total (Total of Pa	art I plus Total of Part II)	•	•	•	•	•	•	•	•