

Group Nonresident Return Payment Transfer Request

Business entity/corporation name and address	FEIN	California Secretary of State (SOS) file no., if issued	Taxable year (yyyy)
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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										
9										
10										
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 95812-1468

**Do not attach this request to the return.
 This request must be faxed or mailed separately from the return.**