TAXABLE YEAR

CALIFORNIA SCHEDULE

2014 Nonresident Group Return Schedule 1067A

Attach this schedule to your California group Form 540NR.

S Corporation/Partnership/Limited Liability Company name

FEIN

DBA

CA corporation or CA Secretary of State file no.

Part I Electing Nonresident Individuals (Shareholders/Partners/Members) Included in the Group Nonresident Return (Use additional sheet(s) if 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 taxable year ending in 2014.
Column (d) – Amount of deferred compensation deduction. See FTB Pub. 1067, Section H, for more information.
Column (g) – Tax credit allowable. See FTB Pub. 1067, Section H, for more information.
Column (h) - If the nonresident individual's CA total taxable income from all sources is more than $1 million, then enter "Y" for yes or "N" for no.
Column (i) – 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 income less deferred compensation, col. (c) - col. (d)	(f) Col. (e) x 12.3%	(g) Credit	(h) Enter "Y" or "N"	(i) Mental Health Services Tax If "Y" in column (h), then multiply col (e) by 1%	(j) Total tax col. (f) - col. (g) + col. (i)
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1. Total of Part I.		◉	◉	◉	◉	◉		◉	◉

Side 1 Schedule 1067A 2014

7161143

Corporation name	FEIN
DBA	CA corporation or CA Secretary of State file number

Part II – **Electing Nonresident Directors Included in the Group Nonresident Return** (Use additional sheets if necessary.)
Note: Column (h) – If the nonresident director's CA total taxable income from **all** sources is more than $1 million, then enter "Y" for yes or "N" for no.
Column (i) – Mental Health Services Tax. See General Information, for more information.

(a) Director's SSN or ITIN	(b) Director's Name	Director's Compensation from California Sources			(f) Net tax col. (e) x 12.3%	(g) No credits allowed	(h) Enter "Y" or "N"	(i) Mental Health Services Tax If "Yes" in column (h), then multiply col. (e) x 1%	(j) Total tax col. (f) + col. (i)	(k) CA Wage Withholding Reported on Form W-2 (or CA SCH W-2)
		(c) Director's Form 1099 income	(d) Director's Form W-2 Income	(e) Total (c) + (d)						
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2. Total of Part II		◉	◉	◉	◉	0.00		◉	◉	◉
3. Grand Total (Part I plus Part 2)		◉	◉	◉	◉	◉		◉	◉	◉