2021 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 no. 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 2021.
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) – See Schedule 1067A Instructions, Part I, for more information.

Note: If Part I and/or Part II is filled out, but **not** Part III, attach all Parts of Schedule 1067A and any supplemental schedules, if applicable, to Form 540NR. Then mail the group nonresident return using the applicable address shown in the Refund or Amount You Owe section of Form 540NR.

(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) 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)	(j) Nonresident and Backup Withholding Reported on Form 592-B
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1. Total of Part I		◉	◉	◉	◉	◉	◉	◉	◉

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Corporation name		FEIN
DBA		CA corporation 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 (g) – See Schedule 1067A Instructions Part II, for more information.

Note: No credits allowed.

Note: If Part I and/or Part II is filled out, but **not** Part III, attach all Parts of Schedule 1067A and any supplemental schedules, if applicable, to Form 540NR. Then mail the group nonresident return using the applicable address shown in the Refund or Amount You Owe section of Form 540NR.

(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) Mental Health Services Tax If the director's total CA taxable income from all sources is more than $1 million, multiply col. (e) by 1%	(h) Total tax col. (f) + col. (g)	(i) CA Wage Withholding Reported on Form W-2 (or CA Sch. W-2)	(j) Nonresident and Backup Withholding Reported on Form 592-B
		(c) Director's Form 1099 income	(d) Director's Form W-2 Income	(e) Total col. (c) + col. (d)					
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
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⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
2. Total of Part II		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
3. Grand Total (Add Part I, line 1 and Part II, line 2).		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙

S Corporation/Partnership/Limited Liability Company/Corporation name		FEIN
DBA		CA corporation no. or CA Secretary of State file no.

Part III   Electing Nonresident aliens with no SSN/ITIN included in the Group Nonresident Return (Use additional sheet(s) if necessary.)

Note: Column (a) – If the nonresident alien has a spouse/RDP, include the spouse's/RDP's information in the column.

  Column (b) – Enter the nonresident alien's California source compensation from the business entity.

  Column (d) – See Schedule 1067A Instructions, Part III, for more information.

  Note: No credits allowed.

(a) First name, MI, Last name	(b) Total CA source income	(c) Col. (b) x 12.3%	(d) Mental Health Services Tax If the individual's total CA taxable income from all sources is more than $1 million, multiply col. (b) by 1%	(e) Total tax col. (c) + col. (d)	(f) Nonresident and Backup Withholding Reported on Form 592-B
⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙
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⊙	⊙	⊙	⊙	⊙	⊙
4. Total of Part III . . . . ⊙	⊙	⊙	⊙	⊙	⊙
5. Total of Part II, line 3 and Part III, line 4 . . . . ⊙	⊙	⊙	⊙	⊙	⊙

If **only** Part III is filled out, attach all Parts of Schedule 1067A and any supplemental schedules, if applicable, to Form 540NR. Then mail the group nonresident return using the address on this page.

Mailing address: GROUP FILING PROGRAM   MS **170**
ATTN: 732 IVS AUDIT (NONRESIDENT ALIEN)
FRANCHISE TAX BOARD
PO BOX 1565
SACRAMENTO CA 95812-1565