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)
	–		

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

A. ☐ Move payments **from** the group **to** the individual account.
Original payment reduced to: _____

B. ☐ Move payments **from** the individual account **to** the group.
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 Number	Contact Person

Fax or mail to: **Fax: 916.845.9392**

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

Mailing Address:
GROUP FILING PROGRAM MS **L170**
ATTN: INFORMATION VALIDATION SECTION (732)
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468

For Privacy Notice, get FTB 1131 ENG/SP.

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Schedule 1067B 2014