

**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.**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.**