

# 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            |                                    |                               |                      |                     |           |           |           |           |                    |                |
| <b>TOTALS</b> |                                    |                               |                      |                     |           |           |           |           |                    |                |

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 |
|----------------------|------------|-------|------|-----------|----------------|

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.**