

2024 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

Note: Column (a) and (b) - If the nonresident individual has a spouse/RDP, include the spouses/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 2024.

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.

Table with 10 columns: (a) SSN or ITIN, (b) First name, MI, Last name, (c) Total CA source income, (d) Deferred compensation, (e) CA source income less deferred compensation, (f) Col. (e) x 12.3%, (g) Credit, (h) Mental Health Services Tax, (i) Total tax, (j) Nonresident and Backup Withholding. Includes a total row at the bottom.

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		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Total of Part II, line 3 and Part III, line 4		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 L170
ATTN: 732 IVS AUDIT (NONRESIDENT ALIEN)
FRANCHISE TAX BOARD
PO BOX 15665
SACRAMENTO CA 95812-1565