2016 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 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 2016.
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.

(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)
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
1. Total of Part I..........................		⊙	⊙	⊙	⊙	⊙	⊙	⊙

Corporation name		FEIN
DBA		CA corporation or CA Secretary of State file number

Part II – **Electing Nonresident Directors Included in the Group Nonresident Return** (Use additional sheet(s) if necessary.)
Note: Column (h) – Mental Health Services Tax. See General Information, for more information.

(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) No credits allowed	(h) 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%	(i) Total tax col. (f) + col. (h)	(j) CA Wage Withholding Reported on Form W-2 (or CA SCH W-2)
		(c) Director's Form 1099 income	(d) Director's Form W-2 Income	(e) Total (c) + (d)					
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
◉	◉	◉	◉	◉	◉		◉	◉	◉
2. Total of Part II		◉	◉	◉	◉	0.00 ◉	◉	◉	◉
3. Grand Total (Part I plus Part 2)		◉	◉	◉	◉	◉	◉	◉	◉