

MOHAN L MEHTA, CPA
P.O. BOX 8888
NEW FAIRFIELD, CT 06812-8888
(203) 791-0041

Invoice for 2011 Tax Year

SENTHIL K MURUGAN and RAMYA BALARAM
110 GALWAY CIRCLE
CHALFONT, PA 18914

Invoice Date: February 14, 2012

Statement of Charges

Tax return preparation fee	170.00
Electronic Filing Fee	10.00

TOTAL	<u><u>180.00</u></u>
--------------	----------------------

Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

OMB No. 1545-0074

2011

- ▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records. See instructions.

Declaration Control Number (DCN)

06119420120454833764 (Submission ID)

Taxpayer's name

SENTHIL K MURUGAN

Social security number

048-98-6464

Spouse's name

RAMYA BALARAM

Spouse's social security number

148-17-5437

Part I Tax Return Information—Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	123,219
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	15,087
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	22,130
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	8,371
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	0

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement date). I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize MOHAN L MEHTA, CPA to enter or generate my PIN 73674
ERO firm name
as my signature on my tax year 2011 electronically filed income tax return.
Enter five numbers, but do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- ☒ I authorize MOHAN L MEHTA, CPA to enter or generate my PIN 72692
ERO firm name
as my signature on my tax year 2011 electronically filed income tax return.
Enter five numbers, but do not enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication—Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

06119481538

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ MOHAN L MEHTA, Date ▶ _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2011)

(HTA)

Form 1040 Comparison

2011

SENTHIL K MURUGAN and RAMYA BALARAM
048-98-6464

		Prior Year	Current Year	Difference	%
Income	7 Wages, salaries, tips, etc.	7 119,495	121,091	1,596	1%
	8a Taxable interest income (Schedule B)	8a 39	4	-35	-90%
	b Tax-exempt interest income.	8b		0	0%
	9a Ordinary dividends (Schedule B)	9a		0	0%
	b Qualified dividends	9b		0	0%
	10 Taxable refunds of state and local income taxes	10	2,319	2,319	0%
	11 Alimony received	11		0	0%
	12 Business income or (loss) (Schedule C)	12 -10	-195	-185	-1850%
	13 Capital gain or (loss) (Schedule D)	13		0	0%
	14 Other gains or (losses) (Form 4797)	14		0	0%
	15a Total IRA distributions	15a		0	0%
	b Taxable amount of total IRA distributions	15b		0	0%
	16a Total pensions and annuities	16a		0	0%
	b Taxable amount of total pensions and annuities	16b		0	0%
	17 Rents, royalties, partnerships, etc. (Schedule E)	17		0	0%
	18 Farm income or (loss) (Schedule F).	18		0	0%
	19 Unemployment compensation (insurance)	19		0	0%
	20a Social security benefits.	20a		0	0%
	b Taxable amount of social security benefits.	20b		0	0%
	21 Other income	21		0	0%
	22 Total income.	22 119,524	123,219	3,695	3%
Adjustments to Income	23 Educator expenses	23		0	0%
	24 Certain business expenses (Form 2106 or 2106-EZ)	24		0	0%
	25 Health savings account deduction (Form 8889)	25		0	0%
	26 Moving expenses (Form 3903).	26		0	0%
	27 Deductible part of self-employment tax	27		0	0%
	28 Self-employed SEP, SIMPLE, and qualified plans	28		0	0%
	29 Self-employed health insurance deduction	29		0	0%
	30 Penalty on early withdrawal of savings	30		0	0%
	31 Alimony paid	31		0	0%
	32 IRA deduction	32		0	0%
	33 Student loan interest deduction	33		0	0%
	34 Tuition and fees deduction (Form 8917)	34		0	0%
	35 Domestic production activities deduction (Form 8903).	35		0	0%
	36 Total adjustments. Add lines 23 through 35	36 0	0	0	0%
AGI	37 AGI. Subtract line 36 from line 22.	37 119,524	123,219	3,695	3%

			Prior Year	Current Year	Difference	%	
Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	119,524	123,219	3,695	3%
	40	Itemized deductions or your standard deduction	40	13,777	11,600	-2,177	-16%
	41	Subtract line 40 from line 38	41	105,747	111,619	5,872	6%
	42	Exemption amount	42	10,950	11,100	150	1%
	43	Taxable income. Subtract line 42 from line 41	43	94,797	100,519	5,722	6%
	44	Tax.	44	16,056	17,380	1,324	8%
	45	Alternative minimum tax (Form 6251)	45			0	0%
	46	Add lines 44 and 45	46	16,056	17,380	1,324	8%
	47	Foreign tax credit (Form 1116)	47			0	0%
	48	Credit for child and dependent care expenses (Form 2441)	48	480		-480	-100%
	49	Education credits (Form 8863)	49	1,548	1,993	445	29%
	50	Retirement savings contributions credit (Form 8880)	50			0	0%
	51	Child tax credit	51	500	300	-200	-40%
	52	Residential energy credits (Form 5695)	52			0	0%
	53	Other credits	53			0	0%
	54	Total credits. Add lines 47 through 53	54	2,528	2,293	-235	-9%
	55	Subtract line 54 from line 46	55	13,528	15,087	1,559	12%
Other Taxes	56	Self-employment tax (Schedule SE)	56			0	0%
	57	Unreported social security and Medicare tax	57			0	0%
	58	Tax on an IRA/qual. retirement plan (Form 5329)	58			0	0%
	59a	Household employment taxes from Sch H	59a			0	0%
	59b	First time homebuyer credit repayment	59b			0	0%
		Advance earned income credit payments				0	0%
	60	Other taxes	60			0	0%
	61	Total tax. Add lines 55 through 60	61	13,528	15,087	1,559	12%
	Payments	62	Federal income tax withheld	62	21,745	22,130	385
63		Estimated tax payments	63			0	0%
		Making work pay credits		800		-800	-100%
64a		Earned income credit	64a			0	0%
b		Nontaxable combat pay	64b			0	0%
65		Additional child tax credit (Form 8812)	65			0	0%
66		American opportunity credit (Form 8863)	66	1,032	1,328	296	29%
67		First-time homebuyer credit (Form 5405)	67	8,000		-8,000	-100%
68		Amount paid with Form 4868 (extension request)	68			0	0%
69		Excess social security and tier 1 RRTA tax withheld	69			0	0%
70		Credit for federal tax on fuels (Form 4136)	70			0	0%
71		Other credits	71			0	0%
72		Total payments. Add lines 62, 63, 64a, and 65 through 71	72	31,577	23,458	-8,119	-26%
Refund or Amount You Owe	73	Amount Overpaid	73	18,049	8,371	-9,678	-54%
	74	Amount to be Refunded To You.	74	18,049	8,371	-9,678	-54%
	75	Amount to be applied to next year's estimated tax	75			0	0%
	76	Amount You Owe.	76	0	0	0	0%
	77	Penalty for underpayment of estimated tax	77			0	0%

				Prior Year	Current Year	Difference	%
Medical and Dental Expenses	1	Medical and dental expenses	1			0	0%
	3	Multiply Form 1040's AGI by 7.5% (.075)	3	8,964	9,241	277	3%
	4	Total medical and dental. Subtract line 3 from line 1	4	0	0	0	0%
Taxes You Paid	5	State and local income taxes or sales taxes	5	6,195	4,651	-1,544	-25%
	6	Real estate taxes	6	4,075	3,769	-306	-8%
	7	Personal property taxes	7			0	0%
		New motor vehicle taxes				0	0%
	8	Other taxes	8			0	0%
	9	Total taxes. Add the amounts on lines 5 through 8.	9	10,270	8,420	-1,850	-18%
Interest You Paid	10	Deductible home mortgage interest.	10	3,042	2,555	-487	-16%
	11	Other deductible home mortgage interest.	11			0	0%
	12	Deductible points.	12			0	0%
	13	Qualified mortgage insurance premiums.	13			0	0%
	14	Deductible investment interest.	14			0	0%
	15	Total interest. Add amounts on lines 10 through 14	15	3,042	2,555	-487	-16%
Gifts to Charity	16	Contributions by cash or check.	16	265		-265	-100%
	17	Contributions by other than cash or check.	17	200		-200	-100%
	18	Carryover from prior year	18			0	0%
	19	Total contributions. Add amounts on lines 16 through 18	19	465	0	-465	-100%
Theft Losses	20	Casualty or theft loss(es) (Form 4684)	20			0	0%
Job Expenses and Most Other Misc. Deductions	21	Unreimbursed employee expenses	21			0	0%
	22	Tax preparation fees	22	170	195	25	15%
	23	Other expenses (i.e. investment)	23			0	0%
	24	Add the amounts on lines 21 through 23. Enter the total	24	170	195	25	15%
	26	Multiply Form 1040's AGI by 2% (.02)	26	2,390	2,464	74	3%
	27	Subtract line 26 from line 24. Enter the result	27	0	0	0	0%
Other Misc. Deductions	28	Other miscellaneous deductions	28			0	0%
Total Itemize	29	Total itemized deductions	29	13,777	10,975	-2,802	-20%

00 - 061194 00031 - 2

Form

PA-8453**PENNSYLVANIA INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING****2011**

For the year Jan. 1 - Dec. 31, 2011

**Print
or
Type**

Your Social Security Number 048-98-6464		Spouse's Social Security Number 148-17-5437	
Last Name MURUGAN		First Name, Initial; Spouse's First Name, Initial; Spouse's Last Name (only if different) SENTHIL, K & RAMYA BALARAM	
Home Address (Number and Street including Rural Route or P.O. Box) 110 GALWAY CIRCLE			
City, Town or Post Office CHALFONT		State PA	ZIP Code 18914

The above information must match that on the electronic return exactly.**Check
Proper
Filing Status**

☐ Single ☒ Married, Filing Jointly ☐ Deceased Daytime Telephone Number
☒ Married, Filing Separately ☐ Final Return (215) 716-1324

Part I Tax Return Information (Enter whole dollars only.)

1. Adjusted PA taxable income (Form PA-40, Line 11)	1.	131,885
2. PA tax liability (Form PA-40, Line 12)	2.	4,049
3. Total PA tax withheld (Form PA-40, Line 13)	3.	4,041
4. Amount to be refunded (Form PA-40, Line 30)	4.	0
5. Total payment (tax due) (Form PA-40, Line 28)	5.	8

Part II Direct Deposit of Refund or Electronic Funds Withdrawal of Tax Due (Optional - See instructions.)STAPLE COPY OF
STATE W-2(s), W-2G
and 1099(s) HERE

6. Routing transit number (RTN) 211391825 The first two numbers of the RTN must be 01 through 12 or 21 through 32.
 7. Depositor account number (DAN) 11531530
 8. Type of account: ☒ Checking ☐ Savings
 9. Debit date 2/29/2012

Part III Declaration of Taxpayer (Sign only after Part I is complete.)

10. ☐ a. I consent for my refund to be directly deposited as designated in Part II and declare all information shown on Lines 6 through 8 is correct. I certify the ultimate destination of the funds is within the U.S. or one of its territories. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- ☐ b. I am not receiving a refund or I do not want direct deposit of my refund.
- ☒ c. I authorize the Pennsylvania Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. I certify the funds for this withdraw are originating from an account within the U.S. or one of its territories. I may revoke this authorization by notifying the Pennsylvania Department of Revenue no later than two business days prior to the payment (settlement) date. I understand notification must be made in writing by email to ra-achrevok@state.pa.us or fax to 717-772-9310.

If I have filed a balance-due return, I understand that if the PA Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my state return, I understand my federal return will be rejected.

I declare under penalties of perjury compared the information on my return with the information I provided to my electronic return originator and the amounts match those on my 2011 PA Tax Return (PA-40). To the best of my knowledge, my return is true and complete. I consent my return and accompanying schedules and statements may be sent to the Internal Revenue Service (IRS) by my electronic return originator, and subsequently by the IRS to the PA Department of Revenue. If I am filing from a home computer, I understand I am required to keep this form and supporting documents for three years.

Sign Here Your signature _____ Date _____ Spouse's signature. If a joint return, BOTH must sign. _____ Date _____

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare I have received the above-named taxpayer's return and the entries on this form are complete and correct to the best of my knowledge. I obtained the taxpayer's signature on this form before submitting this return to the PA Department of Revenue. I provided the taxpayer with a copy of all forms and information to be filed with the IRS and the PA Department of Revenue and followed all other requirements specified by the PA Department of Revenue and described in the IRS Publication 1345, Handbook for Electronic Filers of Individual Tax Returns (Tax Year 2011). If I am the preparer, under penalty of perjury I declare I examined the above-named taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. I understand I am required to keep this form and supporting documents for three years.

ERO's Use Only	ERO's signature	Date 2/14/2012	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	EIN/SSN or PTIN 06-6209008
	Firm's name (or yours, if self-employed) and address	MOHAN L MEHTA, P.O. BOX 8888 NEW FAIRFIELD, CT 06812-8888			
Paid Preparer's Use Only	Preparer's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	EIN/SSN or PTIN 06-6209008
	Firm's name (or yours, if self-employed) and address	MOHAN L MEHTA, P.O. BOX 8888 NEW FAIRFIELD, CT 06812-8888			
			Daytime Telephone Number		(203) 791-0041

KEEP THIS FORM AND THE REQUIRED ATTACHMENTS FOR THREE YEARS.

Please DO NOT mail this form.

P
E
N
N
S
Y
L
V
A
N
I
A

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning _____, ending _____			See separate instructions.
Your first name SENTHIL	M.I. K	Last name MURUGAN	Suffix Your social security number 048-98-6464
If a joint return, spouse's first name RAMYA	M.I. B	Last name BALARAM	Suffix Spouse's social security number 148-17-5437
Home address (number and street). If you have a P.O. box, see instructions. 110 GALWAY CIRCLE			Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CHALFONT PA 18914			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Foreign country name	Foreign province/county	Foreign postal code	

Filing Status

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.	

Check only one box. First name Last name SSN

5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a

b ☒ Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
RIYA	SENTHIL	140-15-2567	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed **3**

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you **1**
- did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

Add numbers on lines above **3**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2DCB	7	121,091
8a Taxable interest. Attach Schedule B if required	8a	4
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	2,319
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	-195
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount	15b	
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount	20b	0
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	123,219

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 31a and 32 through 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	123,219

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	123,219
	39a Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. }		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,800 Married filing jointly or Qualifying widow(er), \$11,600 Head of household, \$8,500	b If your spouse itemizes on a separate return or you were a dual-status alien, check here. 39b <input type="checkbox"/>		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,600
	41 Subtract line 40 from line 38	41	111,619
	42 Exemptions. Multiply \$3,700 by the number on line 6d	42	11,100
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	100,519
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	17,380
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Add lines 44 and 45	46	17,380
	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child and dependent care expenses. Attach Form 2441	48	
	49 Education credits from Form 8863, line 23	49	1,993
	50 Retirement savings contributions credit. Attach Form 8880	50	
	51 Child tax credit (see instructions).	51	300
	52 Residential energy credits. Attach Form 5695	52	
	53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54 Add lines 47 through 53. These are your total credits	54	2,293
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	15,087
Other Taxes	56 Self-employment tax. Attach Schedule SE	56	
	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a Household employment taxes from Schedule H	59a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60 Other taxes. Enter code(s) from instructions	60	
	61 Add lines 55 through 60. This is your total tax	61	15,087
Payments	62 Federal income tax withheld from Forms W-2 and 1099	62	22,130
	63 2011 estimated tax payments and amount applied from 2010 return	63	
If you have a qualifying child, attach Schedule EIC.	64a Earned income credit (EIC)	64a	
	b Nontaxable combat pay election 64b		
	65 Additional child tax credit. Attach Form 8812	65	
	66 American opportunity credit from Form 8863, line 14	66	1,328
	67 First-time homebuyer credit from Form 5405, line 10	67	
	68 Amount paid with request for extension to file	68	
	69 Excess social security and tier 1 RRTA tax withheld	69	
	70 Credit for federal tax on fuels. Attach Form 4136	70	
	71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
		72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72
Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	8,371
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	74a	8,371
Direct deposit? See instructions.	b Routing number <u>211391825</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <u>11531530</u>		
	75 Amount of line 73 you want applied to your 2012 estimated tax	75	
Amount You Owe	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	0
	77 Estimated tax penalty (see instructions)	77	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name Preparer	Phone no. 203-791-0041	Personal identification number (PIN) 81538
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation PROJECT MANAGER
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation STUDENT
			Daytime phone number (215) 716-1324
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Print/Type preparer's name	MOHAN L MEHTA,		
Preparer's signature	MOHAN L MEHTA,		
Date	2/14/2012		
Check <input checked="" type="checkbox"/> if self-employed	PTIN P00634055		
Firm's name	MOHAN L MEHTA, CPA		
Firm's EIN	06-6209008		
Firm's address	P.O. BOX 8888 NEW FAIRFIELD CT 06812-8888		
Phone no.	(203) 791-0041		

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011
Attachment
Sequence No. **09**

Name of proprietor SENTHIL K MURUGAN		Social security number (SSN) 048-98-6464
A Principal business or profession, including product or service (see instructions) Consulting - Information Technology		B Enter code from instructions 518210
C Business name. If no separate business name, leave blank. YORK DECISION SYSTEMS LLC		D Employer ID number (EIN), (see instr.) 26-2440593
E Business address (including suite or room no.) ► 110 Galway Circle City, town or post office, state, and ZIP code Chalfont PA 18914		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here		<input type="checkbox"/>
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 a Merchant card and third party payments. For 2011, enter -0-	1a	0
b Gross receipts or sales not entered on line 1a (see instructions)	1b	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c	
d Total gross receipts. Add lines 1a through 1c	1d	0
2 Returns and allowances plus any other adjustments (see instructions)	2	
3 Subtract line 2 from line 1d	3	0
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	0
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	0

Part II Expenses Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	195
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	195			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-195			
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere	30				
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3 .					
• If a loss, you must go to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3 .					
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.					
	32a	<input checked="" type="checkbox"/> All investment is at risk.			
	32b	<input type="checkbox"/> Some investment is not at risk.			

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		0
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		0

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	_____
44	Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:	
	a Business _____	b Commuting (see instructions) _____
	c Other _____	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

NJ Annual Report filing	50
Miscellaneous - website	10
Registered agent fee	135
48 Total other expenses. Enter here and on line 27a	48 195

**Education Credits (American Opportunity and
Lifetime Learning Credits)**

► See separate instructions to find out if you are eligible to take the credits.
► Attach to Form 1040 or Form 1040A.

Name(s) shown on return

SENTHIL K MURUGAN and RAMYA BALARAM

Your social security number

048-98-6464



You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

Part I American Opportunity Credit

Caution: You **cannot** take the American opportunity credit for more than **4** tax years for the **same student**.

1	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).
	SENTHIL MURUGAN	048-98-6464	821	0	0	821
	RAMYA BALARAM	148-17-5437	4,000	2,000	500	2,500
				0	0	0
2	Tentative American opportunity credit. Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III ►					2 3,321

Part II Lifetime Learning Credit.

Caution: You **cannot** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year.

3	(a) Student's name (as shown on page 1 of your tax return) First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
4	Add the amounts on line 3, column (c), and enter the total		4 0
5	Enter the smaller of line 4 or \$10,000		5 0
6	Tentative lifetime learning credit. Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV		6 0

For Paperwork Reduction Act Notice, see your tax return instructions.
(HTA)

Part III Refundable American Opportunity Credit

7	Enter the amount from line 2	7	3,321
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8	180,000
9	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	9	123,219
10	Subtract line 9 from line 8. If zero or less, stop ; you cannot take any education credit	10	56,781
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	20,000
12	If line 10 is: <ul style="list-style-type: none"> • Equal to or more than line 11, enter 1.000 on line 12 • Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places) 	12	1.00000
13	Multiply line 7 by line 12. Caution: If you were under age 24 at the end of the year and meet the conditions on page 4 of the instructions, you cannot take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/>	13	3,321
14	Refundable American opportunity credit. Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 15 below	14	1,328

Part IV Nonrefundable Education Credits

15	Subtract line 14 from line 13	15	1,993
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)	16	0
17	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of household, or qualifying widow(er)	17	
18	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter	18	
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19	0
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20	
21	If line 19 is: <ul style="list-style-type: none"> • Equal to or more than line 20, enter 1.000 on line 21 and go to line 22 • Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places) 	21	0.00000
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	22	0
23	Nonrefundable education credits. Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	23	1,993

Tuition and Fees Deduction

See Instructions.
Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

2011

Attachment
 Sequence No. **60**

Name(s) shown on return
SENTHIL K MURUGAN and RAMYA BALARAM

Your social security number
048-98-6464



You cannot take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.

Before you begin:

- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
- ✓ If you file Form 1040, figure any write-in adjustments to be entered on the dotted line next to Form 1040, line 36. See the 2011 Form 1040 instructions for line 36.

	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
	First name Last name		
2	Add the amounts on line 1, column (c), and enter the total	2	0
3	Enter the amount from Form 1040, line 22, or Form 1040A, line 15	3	123,219
4	Enter the total from either: • Form 1040, lines 23 through 33, plus any write-in adjustments entered on the dotted line next to Form 1040, line 36, or • Form 1040A, lines 16 through 18	4	
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you cannot take the deduction for tuition and fees *If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970, chapter 6, to figure the amount to enter on line 5.	5	123,219
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. } Also enter this amount on Form 1040, line 34, or Form 1040A, line 19.	6	0

Expenses for Business Use of Your Home

► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

► **See separate instructions.**

Name(s) of proprietor(s)

SENTHIL K MURUGAN

Your social security number

048-98-6464

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	120
2	Total area of home	2	1,100
3	Divide line 1 by line 2. Enter the result as a percentage	3	10.91%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	0.0000
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	10.91%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions	8	-195
See instructions for columns (a) and (b) before completing lines 9-21.			
		(a) Direct expenses	(b) Indirect expenses
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	0
13	Multiply line 12, column (b) by line 7	13	0
14	Add line 12, column (a) and line 13	14	0
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	0
23	Multiply line 22, column (b) by line 7	23	0
24	Carryover of operating expenses from 2010 Form 8829, line 42	24	
25	Add line 22 column (a), line 23, and line 24	25	0
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	0
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	0
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of excess casualty losses and depreciation from 2010 Form 8829, line 43	30	
31	Add lines 28 through 30	31	0
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	0
33	Add lines 14, 26, and 32	33	0
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	0

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	0
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	0
39	Business basis of building. Multiply line 38 by line 7	39	0
40	Depreciation percentage (see instructions)	40	0.000%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	0

Part IV Carryover of Unallowed Expenses to 2012

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

PA-40 - 2011
Pennsylvania Income Tax Return
 ENTER ONE LETTER OR NUMBER IN EACH BOX.
 Do Not Use Your Preprinted Label

048986464 148175437

MURUGAN

SENTHIL K Occupation PROJECT MA

RAMYA Occupation STUDENT

BALARAM

110 GALWAY CIRCLE

CHALFONT PA 18914

215-716-1324 09210

N Extension.

N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from toJ Single/Married, Filing Jointly/Married,
Filing Separately/Final Return/Deceased
Date of death

N Farmers.

School District Name CENTRAL BUCKS1a Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete **PA Schedule A** if required.3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit **PA Schedule J**.8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c,
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.10 **Other Deductions.** Enter the appropriate code for the type of deduction.
See the instructions for additional information.11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a 131881

1b 0

1c 131881

2 4

3 0

4 0

5 0

6 0

7 0

8 0

9 131885

10 0

11 131885

PA-40 - 2011

Social Security Number

048986464

Name(s) MURUGAN SENTHIL K

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2010 PA Income Tax return.

15 2011 Estimated Installment Payments. REV-459B included.

16 2011 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA-Schedule(s) G-R with your
PA Schedule(s) G-S, G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Add amount. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

N

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter
the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you. Refund

31 Credit - Amount of Line 29 you want as a credit to your 2012 estimated account.

32 Amount of Line 29 you want to donate to the Wild Resource Conservation Fund.

33 Amount of Line 29 you want to donate to the Military Family Relief Assistance Program.

34 Amount of Line 29 you want to donate to the Governor Robert P. Casey Memorial
Organ and Tissue Donation Awareness Trust Fund.

35 Amount of Line 29 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund.

36 Amount of Line 29 you want to donate to the PA Breast Cancer Coalition's Breast
and Cervical Cancer Research Fund.Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all
accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

021412

MOHAN L MEHTA, CPA

(203) 791-0041

E-File Opt Out

Firm FEIN

Preparer's PTIN

066209008

P00634055

PA SCHEDULE W-2S

Wage Statement Summary

PA-40 Schedule W-2S

(08-11)

2011

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly)

Social Security Number (shown first)

SENTHIL K MURUGAN

048-98-6464

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each Federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Forms W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a Federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both Federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2		SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2			
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	22-1261880	120,971	131,777	131,761	4,041
Total Part A- Add the Pennsylvania columns				131,761	4,041

Part B - Miscellaneous and Non-employee Compensation from Federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	131,761	4,041
Enter the TOTALS on your PA tax return on:		
	Line 1a	Line 13

Payment type:

A. Executor fee **B.** Jury duty pay **C.** Director's fee **D.** Expert witness fee

E. Honorarium **F.** Covenant not to compete **G.** Damages or settlement for lost wages, other than personal injury

H. Other nonemployee compensation. Describe: _____

I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan

J. Distribution from IRA (Traditional or Roth) **K.** Distribution from Life Insurance, Annuity or Endowment Contracts

L. Distribution from Charitable Gift Annuities

Keystone Collections Group

546 Wendel Road
Irwin, PA 15642
(724) 978-0300

2011 Earned Income Tax Return

RESIDENT OF MUNICIPALITY: Central Bucks

* RETURN MUST BE FILED ON THIS FORM. No substitutions accepted.

Name **SENTHIL K MURUGAN and RAMYA BALARAM**
Address
City
State & Zip **110 GALWAY CIRCLE
CHALFONT, PA 18914**

e-file at www.keystonecollects.com

☐ Check here if PART-YEAR RESIDENT
Complete ITR-1 Schedule on reverse side
of this form and enclose copies of other
municipal returns.

DUE DATE: 04/17/2012

**DO NOT STAPLE ANY ITEMS TO THIS RETURN.
USE BLUE OR BLACK INK**

Daytime Phone **(215) 716-1324**

Note all corrections/additions to SSN, name or address
and check box here. ☐

INDIVIDUAL Tax Return. DO NOT combine spousal incomes.

FILER NAME:		SPOUSE NAME:	
MURUGAN, SENTHIL K (Last, First)		BALARAM, RAMYA (Last, First)	
Social Security # - Filer		Social Security # - Spouse	
048-98-6464		148-17-5437	
1. Gross State Earnings as Reported on W-2/1099	1	131,761 . 00	0 . 00
2. Unreimbursed Employee Business Expenses (Enclose PA Schedule UE)	2	0 . 00	0 . 00
3. Taxable W-2/1099 Earnings (Line 1 minus line 2)	3	131,761 . 00	0 . 00
4. Net Profit from Business, Profession or Farm (Submit PA Schedule C, F, RK-1 or 20-S)	4	0 . 00	0 . 00
Non Taxable S-Corp Earnings (check box) <input type="checkbox"/>			
5. Net Loss from Business, Profession or Farm (Submit PA Schedule C, F, RK-1 or 20-S)	5	0 . 00	0 . 00
Non Deductible S-Corp Losses (check box) <input type="checkbox"/>			
6. Subtotal (Line 4 minus Line 5) IF LESS THAN ZERO, ENTER ZERO	6	0 . 00	0 . 00
7. Total Earned Income and Net Profits (Line 3 plus Line 6)	7	131,761 . 00	0 . 00
8. Resident Tax (Line 7 multiplied by tax rate of 1.1250%) (Tax Rate)	8	1,482 . 00	0 . 00
9. Credit for Earned Income Tax Withheld (Per W-2. See Instructions for Line 9)	9	0 . 00	. 00
10. Estimated Payments or Credit (Direct payment made by you and/or credit from prior year)	10	. 00	. 00
11. Miscellaneous Credits Philadelphia Credit (check box) <input type="checkbox"/> Out Of State Credit (check box) <input type="checkbox"/>	11	0 . 00	0 . 00
12. Total (Line 9 plus Line 10 plus Line 11)	12	0 . 00	0 . 00
13. REFUND/CREDIT (Line 12 minus Line 8) IF \$1.00 OR MORE, enter amount & check box below. INCLUDE PA-40 INFO - See Instructions	13	0 . 00	0 . 00
<input type="checkbox"/> Apply to spouse <input type="checkbox"/> Apply to next year <input type="checkbox"/> Refund			
14. TAX DUE (Line 8 minus Line 12) OMIT IF LESS THAN \$1.00	14	1,482 . 00	0 . 00
15. Penalty (See Instructions for Line 15)	15	. 00	. 00
16. Interest (See Instructions for Line 16)	16	. 00	. 00
17. TOTAL AMOUNT DUE (Line 14 plus Line 15 plus Line 16)	17	1,482 . 00	0 . 00

ENTER ACCOUNT TOTALS ON LINES 17 AND 18

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

For Office Use ONLY: ☐ NPA ☐ NW₂ ☐ ND ☐ CK

YOUR SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

CUT ALONG DOTTED LINE

Keystone Collections Group

546 Wendel Road
Irwin, PA 15642
(724) 978- 0300

18

1,482 . 0 0

PAYMENT VOUCHER

18

0 . 0 0

THIS VOUCHER MUST BE INCLUDED WITH YOUR RETURN.
Mail this return to the above address.

DUE DATE: 04/16/2012

2011 EARNED INCOME TAX

Filer Name: SENTHIL K MURUGAN

Spouse Name: RAMYA BALARAM

ACCOUNT #

Amount
Remitted

\$

1,482