REV-677 LE (9-02) COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE

HARRISBURG, PENNSYLVANIA 17128-1061

## **POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE**

Taxpayer(s) name, identifying number, and address including ZIP code SENTHIL K MURUGAN and RAMYA BALARAM

(Signature)

(Signature)

\*An organization, firm, or partnership may not be designated as a taxpayer's representative.

048-98-6464

110 GALWAY CIRCLE CHALFONT, PA 18914

hereby appoints [name(s), address(es), including **ZIP** code(s), and telephone numbers(s) of individual(s)]\* MOHAN L MEHTA, CPA MOHAN L MEHTA,

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

as attorney(s)-in-fact to represent the taxpayer(s) before any office of the PA Department of Revenue for the

| TYPE OF TAX<br>(INDIVIDUAL, CORPORATE, ETC.)   | STATE TAX<br>FORM NUMBER   | YEAR(S) OR PERIOD(S)   |
|--|--|--|
| INDIVIDUAL INCOME TAX  | PA-40  | 2010   |
|  |  |  |
|  |  |  |
|  |  | t to revocation, to receive confidential information   |
|  | . , , .  | with respect to the above specified tax matters  |
| (excluding the power to receive retund chec  | cks, and the power to  | sign the return, unless specifically granted below).   |
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|  | mmunications addres  | ssed to the taxpayer(s) in proceedings involving the   |
|  | mmunications addres  | ssed to the taxpayer(s) in proceedings involving the   |
|  | mmunications addres  | ssed to the taxpayer(s) in proceedings involving the   |
|  | mmunications addres  | ssed to the taxpayer(s) in proceedings involving the   |
| above tax matters to:  | mmunications addres  | ssed to the taxpayer(s) in proceedings involving the   |
| above tax matters to:  |  |  |
| above tax matters to:  Initial here you are  |  | o receive, but not to endorse or cash, refund checks   |
| Initial here >you are for the above tax matters to:  |  |  |
| above tax matters to:  |  |  |
| Initial here >you are for the above tax matters to:  |  |  |
| Initial here   you are for the above tax matters to:  ☐the appointee first named above.  | granting the power to  | o receive, but not to endorse or cash, refund checks   |
| Initial here you are good for the above tax matters to:  | granting the power to  |  |
| Initial here you are good for the above tax matters to:  | granting the power to  | o receive, but not to endorse or cash, refund checks   |
| Initial here you are for the above tax matters to:  This power of attorney revokes all earlier pode popartment of Revenue for the same matters.  | granting the power to  | o receive, but not to endorse or cash, refund checks   |
| Initial hereyou are good for the above tax matters to: the appointee first named above.  This power of attorney revokes all earlier pode power of Revenue for the same matter following:   | granting the power to<br>owers of attorney and<br>rs and years or perio  | receive, but not to endorse or cash, refund checks tax information authorizations on file with the PA ds covered by this power of attorney, except the |
| Initial hereyou are good for the above tax matters to: the appointee first named above.  This power of attorney revokes all earlier porture possible po | granting the power to<br>owers of attorney and<br>rs and years or perio  | o receive, but not to endorse or cash, refund checks   |
| Initial hereyou are good for the above tax matters to: the appointee first named above.  This power of attorney revokes all earlier portion Department of Revenue for the same matter following:  (Specify to whom granted, date, and add Signature of or for taxpayer(s)  | granting the power to<br>owers of attorney and<br>rs and years or period | receive, but not to endorse or cash, refund checks tax information authorizations on file with the PA ds covered by this power of attorney, except the |

(Title)

(Title)

(Date)

(Date)

| SENTHII | K MURUGAN  | and DAMVA   | BALADAM    |
|---------|------------|-------------|------------|
|         | K WILLIGAN | AUO KAIVITA | DAI ARAIVI |

| SENTHIL K MURUGAN ar   | nd RAMYA BALARAM   | 048-98-6464                                      |                            |  |  |  |
|--|--|--|----------------------------|--|--|--|
| If the power of attorney is grant signature must be witnessed or |  | than an attorney or certified public accounta    | int, the taxpayer(s)       |  |  |  |
| The person(s) signing as or for                                  | the taxpayer(s): (Che  | eck and complete one.)                           |                            |  |  |  |
| ☐is/are known to and sign  | ned in the presence of   | the two disinterested witnesses whose sign       | natures appear here:       |  |  |  |
|  |  |  |                            |  |  |  |
|  | (Signature of Witne  | ess)   | 4/11/2011<br>(Date)        |  |  |  |
|  |  |  |                            |  |  |  |
|  | (0)  |  | 4/11/2011                  |  |  |  |
|  | (Signature of Witne  | ess)   | (Date)                     |  |  |  |
| ☐appeared this day before  | e a notary public and  | acknowledged this power of attorney as a v       | oluntary act and deed.     |  |  |  |
|  |  |  |                            |  |  |  |
| Witness  |  |  | NOTARIAL SEAL              |  |  |  |
|  | (Signature of Notary)  | (Date)   | (If required by State Law) |  |  |  |
| PART II Declaration  | of Representativ   | re e   |                            |  |  |  |
| I declare that I am one of                                       | of the following:  |  |                            |  |  |  |
| 1 a member in good   | standing of the bar of   | f the highest court of the jurisdiction indicate | ed below;                  |  |  |  |
| 2 duly qualified to pr   | duly qualified to practice as a certified public accountant in the jurisdiction indicated below; |  |                            |  |  |  |
| 3 a bona fide officer  | of the taxpayer organ  | nization;  |                            |  |  |  |
| 4 a full time employe  | ee of the taxpayer;  |  |                            |  |  |  |
| 5 a member of the ta   | axpayer's immediate f  | ramily (spouse, parent, child, brother or siste  | er);                       |  |  |  |
| 6 a fiduciary for the  | taxpayer;  |  |                            |  |  |  |
| 7 Other (specify) ≻  |  |  | <u> </u>                   |  |  |  |
| and that I am authorized to rep                                  | resent the taxpaver id   | lentified in Part I for the Tax matters there s  | pecified.                  |  |  |  |
|  |  |  |                            |  |  |  |
| DESIGNATION<br>(INSERT APPROPRIATE NUMBER<br>FROM ABOVE LIST)    | JURISDICTION<br>(STATE, ETC.)  | SIGNATURE  | DATE                       |  |  |  |
| 2  | CT, NY   |  |                            |  |  |  |
|  | 01,141   |  |                            |  |  |  |
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