REV-877 LE (9-02)

COMMONWEALTH OF PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE HARRISBURG, PENNSYLVANIA 17128-1061

POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

PARTI FOWER OF ALLOTTIES	у		
Taxpayer(s) name, identifying number, and ad SENTHIL K MURUGAN and RAMYA BALARAM 110 GALWAY CIRCLE CHALFONT, PA 18914	dress including ZIF	048-98	3-6464
nereby appoints [name(s), address(es), includ MOHAN L MEHTA, CPA MOHAN L MEHTA,	ling ZIP code(s), an	d telephone numbers(s) of ind	ividual(s)]*
P.O. BOX 8888 NEW FAIRFIELD, CT 06812-8888 (203) 791-0041 as attorney(s)-in-fact to represent the taxpaye following tax matter(s). [Specify the type(s) of		period(s)]:	<u> </u>
TYPE OF TAX (INDIVIDUAL, CORPORATE, ETC.)	STATE TAX FORM NUMBER	YEAR(S) O	R PERIOD(S)
NDIVIDUAL INCOME TAX	PA-40	2010	
for the above tax matters to:	pal(s) can perform versions, and the power to munications address anting the power to	with respect to the above specific sign the return, unless specific sed to the taxpayer(s) in processed to taxpayer(s) in proc	edings involving the
This power of attorney revokes all earlier power of the same matters following:	and years or perior	ds covered by this power of att	omey, except the
(Specify to whom granted, date, and address Signature of or for taxpayer(s)	ss including ZIP code, o	r refer to attached copies of earlier po	wers and authorizations.)
If signed by a corporate officer, partner, or fide execute this power of attorney on behalf of the		he taxpayer, I certify that I hav	_
Skunat	<u> </u>		HPR [11 [221)
(Signature)		(Title)	Apr /11/201) Apr /11/201
(Signature)		(Title)	(Date)
An organization, firm, or partnership may not be designed	ated as a taxpayer's rep	resentative.	<u></u>

OTNITUR MANUFUCAN	LI DANAZA DALAMANI	048-98-6464	
SENTHIL K MURUGAN ar f the power of attorney is grant signature must be witnessed or	ed to a person other	than an attorney or certified public accounta	nt, the taxpayer(s)
The person(s) signing as or for	the taxpayer(s): (Che	eck and complete one.)	
☐is/are known to and sign	ed in the presence of	f the two disinterested witnesses whose sign	natures appear here:
	(Signature of Witn	nec)	4/11/2011 (Date)
	(digitable of vela)	600)	(Daio)
			4/11/2011
-	(Signature of With	ess)	(Date)
☐appeared this day before	e a notary public and	acknowledged this power of attorney as a v	oluntary act and deed.
Witness	(Signature of Notary)		NOTARIAL SEAL
	(Signature of Notary)	(Date)	(If required by State Law)
ART II Declaration	of Representativ	<u></u>	<u> </u>
I declare that I am one of	f the following:		
1 a member in good	standing of the bar o	f the highest court of the jurisdiction indicate	ed below;
2 duly qualified to pr	actice as a certified p	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	family (spouse, parent, child, brother or siste	er);
6 a fiduciary for the t	axpayer;		
7 Other (specify) >			;
nd that I am authorized to rep	resent the taxpayer id	dentified in Part I for the Tax matters there s	pecified.
DESIGNATION (INSERT APPROPRIATE NUMBER FROM ABOVE LIST)	JURISDICTION (STATE, ETC.)	SIGNATURE	DATE
2	ICT, NY		

DESIGNATION (INSERT APPROPRIATE NUMBER FROM ABOVE LIST)	JURISDICTION (STATE, ETC.)	SIGNATURE	DATE
2	CT, NY		
			<u>.</u>
<u> </u>			