

PA-40 - 2010
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.

Y Amended Return.

P Residency Status.

PA Resident/Nonresident/Part-Year Resident
from 070110 to 123110J 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 54235

1b 0

1c 54235

2 39

3 0

4 -10

5 0

6 0

7 0

8 0

9 54274

10 0

11 54274

PA-40 - 2010

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 2009 PA Income Tax return.

15 2010 Estimated Installment Payments.

16 2010 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 TAX DUE. If Line 12 is more than Line 24, enter the difference here.

26 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

27 TOTAL PAYMENT DUE. See the instructions.

28 OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter
the difference here.

The total of Lines 29 through 35 must equal Line 28.

29 Refund - Amount of Line 28 you want as a check mailed to you. Refund

30 Credit - Amount of Line 28 you want as a credit to your 2011 estimated account.

31 Amount of Line 28 you want to donate to the Wild Resource Conservation Fund.

32 Amount of Line 28 you want to donate to the Military Family Relief Assistance Program.

33 Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial
Organ and Tissue Donation Awareness Trust Fund.34 Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure
Research Fund.35 Amount of Line 28 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

030711

MOHAN L MEHTA, CPA

(203) 791-0041

E-File Opt Out

Firm FEIN

066209008

Preparer's SSN/PTIN

P00634055

PA-40 Schedule C - 2010**(09-10) Profit or Loss From Business or Profession (Sole Proprietorship)**

048986464 MURUGAN SENTHIL K

Method of Inventory: C=Cost, L=Lower
of cost or market, O=Other

CONSULTING - INFORMA INFORMATION TECHNOLO

Accounting Method: A=Accrual, C=Cash, O=Other

262440593 YORK DECISION SYSTEMS LLC

Home office
expenses deducted

518210

Business out of existence

111 KINGS VILLAGE

Any change in determining
quantities, costs or valuations

BUDD LAKE NJ 07828

1a. Gross receipts or sales	1A	0	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B	0	3. Gross profit	3	0
1c. Balance	1C	0	4. Other Income (submit statement)	4	0
			5. Total income	5	0

6. Advertising	6	0	28. Supplies (not included on Schedule C-1)	28	0
7. Amortization	7	0	29. Taxes	29	0
8. Bad debts from sales or services	8	0	30. Telephone	30	0
9. Bank charges	9	0	31. Travel and entertainment	31	0
10. Car and truck expenses	10	0	32. Utilities	32	0
11. Commissions	11	0	33. Wages	33	0
12. Cost depletion not % depletion	12	0			

34. Other expenses (specify):

13a. Regular depreciation	13A	0			
13b. Section 179 expense	13B	0	A MISCELLANEOUS WEB	A	10
14. Dues and publications	14	0	B	B	0
15. Other employee benefit programs	15	0	C	C	0
16. Freight (not on Schedule C-1)	16	0	D	D	0
17. Insurance	17	0	E	E	0
18. Interest on business indebtedness	18	0	F	F	0
			G	G	0
			H	H	0
19. Laundry and cleaning	19	0	I	I	0
20. Legal and professional services	20	0	J	J	0
21. Management fees	21	0	K	K	0
22. Office supplies	22	0			
23. Pension and profit-sharing plans	23	0			
24. Postage	24	0	34. Total other expenses	34	10
25. Rent on business property	25	0	35. Total expenses	35	10
26. Repairs	26	0	36. Reduce expenses by total business credits	36	0
27. Subcontractor fees	27	0	37. Total adjusted expenses	37	10
			38. Net profit or loss	38	-10

PA-40 Schedule C - 2010

Social Security Number 048986464

Name of owner MURUGAN SENTHIL K

SCHEDULE C-1 - Cost of Goods Sold and/or Operations

1. Inventory at beginning of year (if different from last year's closing inventory, include explanation)	1	0
2a. Purchases	2A	0
2b. Cost of items withdrawn for personal use	2B	0
2c. Balance (subtract Line 2b from Line 2a)	2C	0
3. Cost of labor (do not include salary paid to yourself or subcontractor fees)	3	0
4. Materials and supplies	4	0
5. Other costs (include schedule)	5	0
6. Add Lines 1, 2c, 3, 4 and 5	6	0
7. Inventory at end of year	7	0
8. Cost of goods sold and/or operations (subtract Line 7 from Line 6) Enter here and on Part I, Line 2	8	0

SCHEDULE C-2 - Depreciation (See Instructions)

1. Total Section 179 depreciation (do not include in items below)	1	0
2. Less: Section 179 depreciation included in Schedule C-1	2	0
3. Balance (subtract Line 2 from Line 1). Enter here and on Part II, Line 13b.	3	0

4. Other depreciation:

Description of property (a)	Date acquired (b)	Cost or other basis (c)	Depreciation allowed or allowable in prior years (d)	Method of computing depreciation (e)	Life or rate (f)	Depreciation for this year (g)
Buildings	4 A	0	0			0
Furniture/fixtures	4 B	0	0			0
Trans. equipment	4 C	0	0			0
Machinery	4 D	0	0			0
Other (specify)						
	4 E	0	0			0
	4 F	0	0			0
	4 G	0	0			0
	4 H	0	0			0
	4 I	0	0			0
	4 J	0	0			0
	4 K	0	0			0
	4 L	0	0			0
	4 M	0	0			0
	4 N	0	0			0
	4 O	0	0			0
	4 P	0	0			0

5. Totals	5	0
6. Depreciation included in Schedule C-1	6	0
7. Balance (subtract Line 6 from Line 5) Enter here and on Part II, Line 13a	7	0

PA SCHEDULE G-R 2010

Reconciliation of Taxes Paid to Other States or Countries (08-09)

a. Name of taxpayer claiming the credit **MURUGAN SENTHIL K**Social Security Number (shown first on the PA-40) **048986464**Social Security Number (of taxpayer claiming credit) **048986464**c. Total number of PA Schedules G-R **1**

d. Totals for all PA Schedules G-R **69425 3833 1665**

ENTER AMOUNTS IN WHOLE DOLLARS ONLY

	A. State Code	B. From Consoli- dated Return	C. Income Subject to Tax in Other State or Country	D. Tax Paid to Other State or Country	E. Credit Allowable for PA	
1	NJ	N	69425	3833	1665	1
2			0	0	0	2
3			0	0	0	3
4			0	0	0	4
5			0	0	0	5
6			0	0	0	6
7			0	0	0	7
8			0	0	0	8
9			0	0	0	9
10			0	0	0	10
11			0	0	0	11
12			0	0	0	12
13			0	0	0	13
14			0	0	0	14
15			0	0	0	15
16			0	0	0	16
17			0	0	0	17
18			0	0	0	18
19			0	0	0	19
20			0	0	0	20
21	TOTALS		69425	3833	1665	21
	(this page)					

PA SCHEDULE W-2S

Wage Statement Summary

PA-40 Schedule W-2S

(09-10) (I)

2010

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					
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	116,384	126,804	51,124	2,223
T	22-1261880	3,111	3,111	3,111	96
Total Part A- Add the Pennsylvania columns				54,235	2,319

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	54,235	2,319
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