

PA-40 - 2015
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (05-15)

352987500

325065237

ANTERVEDI

MUKUL

Occupation SOFTWARE E

KALPANA

Occupation SOFTWARE C

1023 VALLEY DRIVE

WEST CHESTER

PA 19382

6102097318

15900

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

Taxpayer Date of Death

Spouse Date of Death

N Farmers.

School District Name WEST CHESTER A

1a 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 176868

1b 2625

1c 174243

2 120

3 0

4 0

5 0

6 0

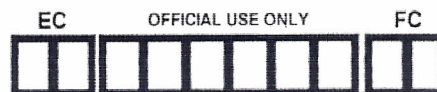
7 0

8 0

9 174363

N 10 0

11 174363



PA-40 - 2015

Social Security Number

352987500

Name(s) MUKUL ANTERVEDI

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12	5353
13	Total PA Tax Withheld. See the instructions.	13	5430
14	Credit from your 2014 PA Income Tax return.	14	0
15	2015 Estimated Installment Payments. REV-459B included. N	15	0
16	2015 Extension Payment.	16	0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17	0
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18	0
Tax Forgiveness Credit. Submit PA Schedule SP.			
19a	Filing status: 01 Unmarried or Separated 02 Married 03 Deceased	19a	
19b	Dependents, Part B, Line 2, PA Schedule SP	19b	
20	Total Eligibility Income from Part C, Line 11, PA Schedule SP.	20	0
21	Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	21	0
22	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.	22	0
23	Total Other Credits. Submit your PA Schedule OC.	23	0
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22, and 23.	24	5430
25	USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.	25	0
26	TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.	26	0
27	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	27	0
28	TOTAL PAYMENT DUE. See the instructions.	28	0
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.	29	77
30	Refund - Amount of Line 29 you want as a check mailed to you. REFUND	30	77
31	Credit - Amount of Line 29 you want as a credit to your 2016 estimated account.	31	0
32	Refund donation line. Enter the organization code and donation amount. See instructions.	32	0
33	Refund donation line. Enter the organization code and donation amount. See instructions.	33	0
34	Refund donation line. Enter the organization code and donation amount. See instructions.	34	0
35	Refund donation line. Enter the organization code and donation amount. See instructions.	35	0
36	Refund donation line. Enter the organization code and donation amount. See instructions.	36	0

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 <i>Mukul</i>	Spouse's Signature, if filing jointly <i>[Signature]</i>
Preparer's Name and Telephone Number <i>Mukul Antervedi 232. 428. 7189</i>	Date <i>4/15/16</i>

E-File Opt Out

Firm FEIN
Preparer's PTIN *1111-26-2783*



1501910028

PA SCHEDULE W-2S
Wage Statement Summary

PA-40 Schedule W-2S
(08-15) (I) 2015

OFFICIAL USE ONLY

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

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

Social Security Number (shown first)
352987500

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 Form(s) 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	TP WAGES	109221.00		116156.00	3566.00
S	SP WAGES	60712.00		60712.00	1864.00
	SEE WKS	0.00		0.00	0.00
		0.00		0.00	0.00
		0.00		0.00	0.00
		0.00		0.00	0.00
		0.00		0.00	0.00
		0.00		0.00	0.00
		0.00		0.00	0.00
		0.00		0.00	0.00
Total Part A - Add the Pennsylvania columns				176868.00	5430.00

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
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
				0.00	0.00	0.00	0.00
Total Part B - Add the Pennsylvania columns						0.00	0.00

TOTAL - Add the totals from Parts A and B

176868.00	5430.00
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 M. Distribution from Employee Stock Ownership Plan
- Describe: _____



1501910028

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PA SCHEDULE UE

Allowable Employee Business Expenses PA Schedule UE (08-15) PA DEPARTMENT OF REVENUE

2015 (1)

OFFICIAL USE ONLY

Name of taxpayer claiming expenses: ANTERVEDI KALPANA
Employer's Name: ZYLOG SYSTEMS LTD
Employer's address: 85 LINCOLN HWY EDISON NJ 08820
Describe the duties of the job in which you incurred these expenses: SOFTWARE CONSULTANT

CAUTION: You must complete a separate schedule for each job or position. Spouses may not file joint PA Schedule(s) UE.

Part A. Direct Employee Business Expenses.

- 1. Union dues. List union name(s) and amount(s) paid. Enter the total. Submit additional sheets, if needed.
2. Work clothes and uniforms. Needed for your employment and not suitable for everyday use.
3. Small tools and supplies. Needed for your employment and not provided by your employer.
4. Professional license fees, malpractice insurance and fidelity bond premiums. Required as a condition of your employment.
5. Total Direct Employee Business Expenses. Add Lines 1 through 4.

Part B. Business Travel Expenses. You may only use the amounts from Line 1 of federal Forms 2106 or 2106EZ. CAUTION: You may not use the vehicle expense amounts from federal Forms 2106 or 2106-EZ if you include commuting miles between jobs for different employers.

Vehicle Expenses: Standard Mileage Rate.

- 6. Enter the amount from your Form 2106 or 2106-EZ, OR Enter your total business miles 0.00 and multiply by the federal standard mileage rate.

Vehicle Expenses: Actual Travel and Mileage Expenses.

- 7. Enter the amount from your Form 2106. Make the following adjustments:
8. Add back the "Inclusion Amount" from Form 2106. This adjustment does not apply for PA purposes.
9. Optional Depreciation. You may use any generally accepted method. If not using your Form 2106, enter your allowable depreciation expenses and the method you use
10. Actual Travel and Mileage Expenses for PA Purposes. Total Lines 7 through 9.
11. Parking fees, tolls and transportation.
12. Travel expenses while away from home overnight.
13. Meals and entertainment expenses.
14. Total Business Travel Expenses. Add Lines 6 or 10 and Lines 11, 12 and 13.

Part C. Miscellaneous Expenses. Itemize your additional expenses.

- TRAINING AND JOB RELATED EXPENSES
15. Total Miscellaneous Expenses 2625.00

Total Allowable PA Employee Business Expenses. You must account for reimbursements, if any.

- A. Direct Expenses from Line 5. 0.00
B. Business Travel Expenses from Line 14. 0.00
C. Miscellaneous Expenses from Line 15. 2625.00
D. Office or Work Area Expenses from Line 16, on Page 2. 0.00
E. Moving Expenses from Line 19, on Page 2. 0.00
F. Education Expenses from Line 23, on Page 2. 0.00
G. Total Depreciation Expenses from Line 24, on Page 2. 0.00
H. Total Allowable Employee Business Expenses. Add Lines A through G. 2625.00
I. Reimbursements. Enter payments that your employer DID NOT include in box 16 of your Form W-2. 0.00
J. Net expense or reimbursement. Subtract Line I from Line H. Enter the difference, and: 2625.00

If Line H is MORE than Line I, include on Line 1b, on your PA-40.

If Line I is MORE than Line H, include the excess on Line 1a, on your PA-40.

Nonresidents and part-year residents may also need to complete PA Schedule NRH. See instructions.



PA SCHEDULE UE

Allowable Employee

Business Expenses

PA Schedule UE (08-15)

PA DEPARTMENT OF REVENUE

2015 (1)

OFFICIAL USE ONLY

Name of taxpayer claiming expenses
ANTERVEDI KALPANA

Social Security Number (shown first)
352987500

Part D. Office or Work Area Expenses. You must answer ALL three questions or the Department will disallow your expenses.

- D1. Does your employer require you to maintain a suitable work area away from the employer's premises? YES NO
D2. Is this work area the principal place where you perform the duties of your employment? YES NO
D3. Do you use this work area regularly and exclusively to perform the duties of your employment? YES NO

If you answered YES to ALL three questions, continue. If you answered NO to ANY question, you may not claim office or work area expenses.

Actual Office or Work Area Expenses. Enter expenses for the entire year and then calculate the business portion.

Table with 2 columns: Description (a-h) and Amount. Includes rows for Depreciation expense, Real estate taxes, Mortgage interest, Utilities, Property insurance, etc.

Part E. Moving Expenses.

Distance Test.

- E1. Enter the number of miles from your old home to your new workplace. 0.00 miles
E2. Enter the number of miles from your old home to your old workplace. 0.00 miles
E3. Subtract Line E2 from Line E1 and enter the difference. 0.00 miles

If Line E3 is 35 miles or more, continue. If it is not at least 35 miles, you may not claim any moving expenses.

Table with 2 columns: Description (17-19) and Amount. Includes rows for Transportation expenses, Travel, meals, and lodging expenses.

Part F. Education Expenses. You must answer ALL three questions or the Department will disallow your expenses.

- F1. Did your employer (or law) require that you obtain this education to retain your present position or job? YES NO
F2. Did you need this education to meet the entry level or minimum requirements to obtain your job? YES NO
F3. Will this education, program or course of study qualify you for a new business or profession? YES NO

If you answer NO to questions F2 and F3, continue. If you answer YES to either question, you may not claim education expenses.

Name of college, university or educational institution:

Course of study:

Table with 2 columns: Description (20-22) and Amount. Includes rows for Tuition or fees, Course materials, Travel expenses.

Part G. Depreciation Expenses. PA law does not allow any federal bonus depreciation and limits IRC Section 179 expensing to \$25,000.

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation method, (e) Section 179 expense, (f) Depreciation expenses.

24. Total Depreciation Expenses. Add the amounts from columns (e) and (f). 24. 0.00



