

Form W-7 (Rev. August 2019) Department of the Treasury Internal Revenue Service	Application for IRS Individual Taxpayer Identification Number ► For use by individuals who are not U.S. citizens or permanent residents. ► See separate instructions.	OMB No. 1545-0074																									
An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Before you begin: • Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).		Application type (check one box): ☒ Apply for a new ITIN ☐ Renew an existing ITIN																									
Reason you're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). <table><tr><td>a ☐</td><td>Nonresident alien required to get an ITIN to claim tax treaty benefit</td><td rowspan="4">If d, enter relationship to U.S. citizen/resident alien (see instructions)► _____</td></tr><tr><td>b ☐</td><td>Nonresident alien filing a U.S. federal tax return</td></tr><tr><td>c ☐</td><td>U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return</td></tr><tr><td>d ☐</td><td>Dependent of U.S. citizen/resident alien</td></tr><tr><td>e ☐</td><td>Spouse of U.S. citizen/resident alien</td><td colspan="2">If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions)► _____</td></tr><tr><td>f ☐</td><td colspan="3">Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception</td></tr><tr><td>g ☐</td><td colspan="3">Dependent/spouse of a nonresident alien holding a U.S. visa</td></tr><tr><td>h ☒</td><td colspan="3">Other (see instructions) ► BUSINESS OWNER</td></tr></table>			a ☐	Nonresident alien required to get an ITIN to claim tax treaty benefit	If d , enter relationship to U.S. citizen/resident alien (see instructions)► _____	b ☐	Nonresident alien filing a U.S. federal tax return	c ☐	U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return	d ☐	Dependent of U.S. citizen/resident alien	e ☐	Spouse of U.S. citizen/resident alien	If d or e , enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions)► _____		f ☐	Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception			g ☐	Dependent/spouse of a nonresident alien holding a U.S. visa			h ☒	Other (see instructions) ► BUSINESS OWNER		
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Additional information for a and f : Enter treaty country ► _____ and treaty article number ► _____																											
Name (see instructions) Name at birth if different ►	1a First name ASHOK KUMAR	Middle name NA	Last name KALLEM																								
	1b First name N/A	Middle name N/A	Last name N/A																								
Applicant's Mailing Address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 5186 ROAD NO 4, MAC SOCIETY BHEL, BRU City or town, state or province, and country. Include ZIP code or postal code where appropriate. HYDERABAD, TELANGANA, INDIA 502032																										
	Foreign (non-U.S.) Address (see instructions) 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. 5186 ROAD NO 4, MAC SOCIETY BHEL, BRU City or town, state or province, and country. Include postal code where appropriate. HYDERABAD, TELANGANA, INDIA 502032																										
Birth Information	4 Date of birth (month / day / year) 02/06/1973	Country of birth INDIA	City and state or province (optional) VIJAYAWADA, ANDHRA P																								
Other Information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any) N/A	6c Type of U.S. visa (if any), number, and expiration date N/A																								
	6d Identification document(s) submitted (see instructions) ☒ Passport ☐ Driver's license/State I.D. ☐ USCIS documentation ☐ Other _____																										
	Issued by: INDIA No.: M6138279 Exp. date: 02/15/2025 Date of entry into the United States (MM/DD/YYYY): _____																										
	6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSIN)? ☒ No/Don't know. Skip line 6f. ☐ Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).																										
	6f Enter ITIN and/or IRSIN ► ITIN N/A IRSIN N/A and name under which it was issued ► N/A N/A N/A First name Middle name Last name																										
Sign Here Keep a copy for your records.	6g Name of college/university or company (see instructions) ► N/A City and state ► N/A Length of stay ► N/A																										
	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.																										
Acceptance Agent's Use ONLY	Signature	Date (month / day / year) 11-12-2024	Phone number 991-288-1199																								
	Name of delegate, if applicable (type or print)	Delegate's relationship to applicant Parent ☐ Court-appointed guardian ☐ Power of attorney ☐																									
	Signature	Date (month / day / year) 11-12-2024	Phone 512-234-3366 Fax 512-201-4509																								
	Name and title (type or print) Guru Chandrahas Reddy Dorsala	Name of company Saicedar LLC dba GuptaTaxPro	EIN 81-4045863 PTIN P01475568																								
For Paperwork Reduction Act Notice, see separate instructions.			Form W-7 (Rev. 8-2019)																								

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning , 2023, ending

See separate instructions.

Your first name and middle initial	Last name	Your social security number
ASHOK KUMAR	KALLEM	PEN - DI - NG
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign

5186 ROAD NO 4,MAC SOCIETY BHEL,BRU

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.

City, town, or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

HYDERABAD

Foreign country name

Foreign province/state/county

Foreign postal code

INDIA

TELANGANA

502032

☐ You ☐ Spouse

Filing Status

☒ Single ☐ Head of household (HOH)

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Digital Assets

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Standard Deduction

Someone can claim:

☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1959 ☐ Are blind

Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents

(see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	
3a	Qualified dividends	3a		b	Ordinary dividends	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)						
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here					7	
8	Additional income from Schedule 1, line 10					8	136,290
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	136,290
10	Adjustments to income from Schedule 1, line 26					10	9,629
11	Subtract line 10 from line 9. This is your adjusted gross income					11	126,661
12	Standard deduction or itemized deductions (from Schedule A)					12	13,850
13	Qualified business income deduction from Form 8995 or Form 8995-A					13	22,562
14	Add lines 12 and 13					14	36,412
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					15	90,249

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ASHOK KUMAR KALLEM

Your social security number

PEN-DI-NG**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	136,290
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	136,290

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

Schedule 1 (Form 1040) 2023

EEA

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	9,629
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26	9,629

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ASHOK KUMAR KALLEM

Your social security number

PEN-DI-NG**Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	19,257
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

EEA

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:			
		17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount: _____	17z		
18	Total additional taxes. Add lines 17a through 17z			18
19	Reserved for future use			19
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21
				19, 257

**Qualified Business Income Deduction
Simplified Computation****2023**Department of the Treasury
Internal Revenue Service**Attach to your tax return.**
Go to *www.irs.gov/Form8995* for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

ASHOK KUMAR KALLEM**PEN-DI-NG**

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: INDO GLOBAL STUDIES LLC	61-1817138	126,661
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	126,661
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	126,661
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	25,332
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	25,332
11	Taxable income before qualified business income deduction (see instructions)	11	112,811
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	112,811
14	Income limitation. Multiply line 13 by 20% (0.20)	14	22,562
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	22,562
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2023)

EEA

Amount from Form 1040, line 11..... 126,661
Amount from Form 1040, line 12..... 13,850

Line 11 above is the difference between these amounts..... 112,811

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Name of proprietor

ASHOK KUMAR KALLEM

Social security number (SSN)

PEN-DI-NG

A Principal business or profession, including product or service (see instructions)

CONSULTING

B Enter code from instructions

541990

C Business name. If no separate business name, leave blank.

INDO GLOBAL STUDIES LLC

D Employer ID number (EIN) (see instr.)

61-1817138

E Business address (including suite or room no.) **5186 ROAD NO 4, MAC SOCIETY BHEL, BRU**

City, town or post office, state, and ZIP code **HYDERABAD, TELANGANA India 502032**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2023, check here ☐

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	883,966
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	883,966
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3.	5	883,966
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	883,966

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

8	Advertising	8		18	Office expense (see instructions)	18	95,837
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	330,894	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	193,965	a	Vehicles, machinery, and equipment	20a	
12	Depreciation	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	468	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	808	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	21,214
b	Other	16b		b	Deductible meals (see instructions)	24b	423
17	Legal and professional services	17		25	Utilities	25	1,215
				26	Wages (less employment credits)	26	38,696
				27a	Other expenses (from line 48)	27a	64,156
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27b. **28** **747,676**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **136,290**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 **30**

31 Net profit or (loss). Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) 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 **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

- 32a** ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

31 **136,290**

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

Name(s)

ASHOK KUMAR KALLEM

SSN

PEN-DI-NG

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ 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
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

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 2023, 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? ☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
47a	Do you have evidence to support your deduction? ☐ Yes ☐ No
b	If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

BANK FEE	318
WEBSITE SOFTWARE DEVELOPMENT	7,601
VEHICAL PURCHASE	9,000
MISC	39,827
MEMBERSHIP	2,310
CREDITCARD PAYMENT	5,100
48 Total other expenses. Enter here and on line 27a	48 64,156

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

Social security number of person
with self-employment income

PEN-DI-NG

ASHOK KUMAR KALLEM

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b (	)

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	136,290
3 Combine lines 1a, 1b, and 2	3	136,290
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	125,864
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	125,864

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
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b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
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6 Add lines 4c and 5b	6	125,864
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7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
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8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	
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b Unreported tips subject to social security tax from Form 4137, line 10	8b	
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c Wages subject to social security tax from Form 8919, line 10	8c	
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d Add lines 8a, 8b, and 8c	8d	
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9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	160,200
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10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124).	10	15,607
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11 Multiply line 6 by 2.9% (0.029)	11	3,650
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12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 , or Form 1040-SS, Part I, line 3	12	19,257
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13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	9,629
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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023