

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning

, ending

See separate instructions.

Your first name and initial

Last name

Your social security number

Charles

Mantione

361-56-9005

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

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

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

1016 Cherry St

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Alcoa, TN 37701

Presidential Election Campaign

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. You Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

- 1 [X] Single
2 [] Married filing jointly (even if only one had income)
3 [] Married filing separately. Enter spouse's SSN above and full name here.
4 [] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 [] Qualifying widow(er) with dependent child

Exemptions

- 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [] Spouse.

c Dependents:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) X if child under age 17 qualifying for child tax credit. Includes summary rows for boxes checked on 6a and 6b, and dependents on 6c.

If more than four dependents, see instructions and check here

Income

Table with 2 columns: Description (lines 7-22) and Amount. Includes wages, interest, dividends, and total income of 9,892.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Adjusted Gross Income

Table with 2 columns: Description (lines 23-37) and Amount. Includes deductions for educator expenses, health savings account, and adjusted gross income of 9,892.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (9,892), 39a (Total boxes checked 0), 40 (6,300), 41 (3,592), 42 (4,050), 43 (0), 44 (0), 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55 (0), 56 (0).

Standard Deduction for-
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
• All others: Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,300

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 57, 58, 59 (989), 60a, 60b, 61, 62, 63 (989).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (763), 65, 66a (NO), 66b, 67, 68, 69, 70, 71, 72, 73, 74 (763).

Refund

Direct deposit? See instructions.

Table with 2 columns: Line number and Amount. Rows include 75 (0), 76a (0), 77, 78 (226).

Amount You Owe

Table with 2 columns: Line number and Amount. Row 79 (Estimated tax penalty).

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. [X] No

Sign Here

Joint return? See instr. Keep a copy for your records.

Signature area with fields for Designee's name, Phone no., Personal identification number (PIN), Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.).

Paid Preparer Use Only

Preparer information fields: Print/Type preparer's name (David W Collins), Preparer's signature, Date (05/23/2024), Check if self-employed, PTIN (P03013529), Firm's name (dc Tax, LLC), Firm's EIN (86-3654940), Firm's address (9301 Ocoee St #64, Ooltewah, TN 37363), Phone no. ((423) 482-9737).



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 05-17-2024
Response Date: 05-17-2024
Tracking Number: 105989182365

SSN Provided: 361-56-9005
Tax Period Requested: December, 2016

Form 1099-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Payer:

Payer's Federal Identification Number (FIN): 340727612
DEFENSE FINANCE AND ACCOUNTING SERVICE
CLEVELAND CENTER
1240 EAST NINTH STREET
CLEVELAND, OH 44199-2055

Recipient:

Recipient's Identification Number: 361-56-9005
MANTIONE CHARLES
MARYVILLE, TN 37804-4227

Submission Type:	Original document
Account Number (Optional):	361569005RET01
Distribution Code Value:	Normal distribution
Distribution Code:	7
Distribution Code Value:	Not significant
Distribution Code:	Blank
Tax Amount Undetermined Code:	Not checked
Total Distribution Code:	Not checked
First Year Roth Contribution:	0000
SEP Indicator:	IRA/SEP/SIMP box not checked
FATCA Indicator:	not FATCA
Tax Withheld:	\$763.00
Total Employee Contributions:	\$0.00
Unrealized Appreciation:	\$0.00
Other Income:	\$0.00
Gross Distribution:	\$9,892.00
Taxable Amount:	\$9,892.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

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