<b>1040</b>		artment of the Treasury–Interna <b>5. Individual Inco</b>			201	<b>6</b>   <sub>ov</sub>	IB No. 1545-0074	IRS Use	Only–Do r	not write or staple in this s	space.
For the year Jan. 1-Dec. 31, 2016, or other tax year beginning			, ending					Se	See separate instructions.		
Your first name and in	itial		Last nam	е				Y	our soci	al security number	
Charles	Mant:	Mantione					361-56-9005				
If a joint return, spouse	e's first n	ame and initial	Last nam	e				SI	oouse's	social security numb	oer
Home address (number	er and st	reet). If you have a P.O. box, se	e instructio	ns.			Apt. no.		Mak	ce sure the SSN(s) abo	ove
1016 Cheri	ry S	t						4	an	d on line 6c are correc	et.
City, town or post offic	e, state,	and ZIP code. If you have a fore	eign addres	s, also comple	te spaces belov	w (see in	structions).		Presider	ntial Election Campa	ign
	377	01					1	io i		if you, or your spouse if fit \$3 to go to this fund. Che	
Foreign country name			Foreign province/state/county Foreign postal code				ode   a	a box below will not change your tax or refund. You Spouse			
Filing Status	1 2					ш	,			rson). (See instruction	,
· mig Gtatag	2 [	Married filing jointly (eve	d but not	your dependent, enter	r this						
Check only one	3 [									. L. II J	
box.		and full name here.					ualifying widow(er)			niia	
<b>Exemptions</b>	6a b	Yourself. If someone		•					. }	Boxes checked on 6a and 6b	1
	С	Dependents:		<u> </u>		· · · ·		(4) X if	child	No. of children	
	·	Dependents.			2) Dependent's al security numb		) Dependent's ationship to you	under a		on 6c who:  ● lived with you	0
	(1) First	t name Last name		30010	ar scourity riums		anonship to you	child tax (see i	credit	• did not live with	
If more than four	(-)								7	you due to divorce or separation	0
dependents, see instructions and										(see instructions) -	
check here ▶										Dependents on 6c not entered above.	0
		Total number of everyntion	a alaimad							Add numbers on	1
	<u>d</u> 7	Total number of exemption Wages, salaries, tips, etc							7	lines above ▶ _	
Income	, 8a	Taxable interest. Attach		` '							
Attack Farms(a)	b			•			1		- Gu		
Attach Form(s) W-2 here. Also	9a	Tax-exempt interest. Do not include on line 8a							9a		
attach Forms	b	Qualified dividends									
W-2G and 1099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes							10		
was withheld.	11	Alimony received							11		
If you did not	12	Business income or (loss	). Attach S	Schedule C or	C-EZ				12		
get a W-2,	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here •						13			
see instructions.	14	Other gains or (losses). Attach Form 4797									
	15a	IRA distributions					le amount			0.04	20
	16a	Pensions and annuities .					ole amount			9,89	<u>92.</u>
	17 18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E									
	19	Farm income or (loss). Attach Schedule F									
	20a	Unemployment compensation									
	21	Other income. List type and amount					21				
	22	Combine the amounts in t			ines 7 through	1 21. Th	is is your <b>total i</b>	ncome )		9,89	92.
	23	Educator expenses								,	
Adjusted	24	Certain business expense	es of reser	vists, perform	ing artists, an	d					
Gross		fee-basis government offi	cials. Atta	ch Form 2106	or 2106-EZ	. 24					
Income	25	Health savings account de	eduction. A	Attach Form 8	3889						
	26	= :	tach Form 3903					_			
	27		elf-employment tax. Attach Schedule SE 27					-			
	28	· ·	SEP, SIMPLE, and qualified plans								
	29 30		employed health insurance deduction								
	30 31a		ny paid <b>b</b> Recipient's SSN ▶ 31a								
	31a	IRA deduction									
	33		pan interest deduction								
	34	Tuition and fees. Attach F									
	35	Domestic production activ									
	36	Add lines 23 through 35.							36		0.
	37	Subtract line 36 from line	22. This is	s your <b>adjust</b>	ed gross inc	ome .		🕨	37	9,89	92.

Form 1040 (2016	) <u>C</u> l	narles Mantione			36	<u> 51-5</u>	<u>6-9005</u>	Page 2	
Tax and	38	Amount from line 37 (adjusted gross income)			<u></u> .	38		9,892.	
Credits	39a	Check <b>f You</b> were born before January 2, 19	952,	Blind. Total box	es				
0.04.10		if: Spouse was born before January 2			➤ 39a <u> </u>				
	b	If your spouse itemizes on a separate return or you	u were a dua	l-status alien, check he	ere ▶ 39b 🗌				
Standard Deduction	40	Itemized deductions (from Schedule A) or your	standard d	eduction (see left mar	gin)	40		6,300.	
for-	41	Subtract line 40 from line 38				41		3,592.	
People who	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,	,050 by the nur	mber on line 6d. Otherwise	, see instructions.	42		4,050.	
check any box on line	43	Taxable income. Subtract line 42 from line 41. If	line 42 is mo	ore than line 41, enter -	0	43		0.	
39a or 39b <b>or</b> who can be	44	Tax (see instructions). Check if any from: a  Fo	orm(s) 8814	<b>b</b> Form 4972 <b>c</b> [		44		0.	
claimed as a dependent,	45	Alternative minimum tax (see instructions). Atta	45						
see	46	Excess advance premium tax credit repayment. At	ttach Form 8	962		46			
instructions.  ● All others:	47	Add lines 44, 45, and 46	47						
Single or Married filing	48	Foreign tax credit. Attach Form 1116 if required .		1 1					
separately,	49	Credit for child and dependent care expenses. At	tach Form 2	141 <b>49</b>					
\$6,300 Married filing	50	Education credits from Form 8863, line 19		50					
jointly or Qualifying	51	Retirement savings contributions credit. Attach Fo							
widow(er),	52	Child tax credit. Attach Schedule 8812, if required							
\$12,600 Head of	53	Residential energy credits. Attach Form 5695		53					
household,	54	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801	с 🗌	54					
\$9,300	55	Add lines 48 through 54. These are your <b>total cre</b>				55		0.	
	56	Subtract line 55 from line 47. If line 55 is more tha	an line 47, en	ter -0		56		0.	
	57	Self-employment tax. Attach Schedule SE				57			
Other	58	Unreported social security and Medicare tax from	Form: a	4137 <b>b</b> 89	919	58			
Taxes	59	Additional tax on IRAs, other qualified retirement p	plans, etc. At	tach Form 5329 if requ	iired	59		989.	
IUXCO	60a	Household employment taxes from Schedule H .				60a			
	b	First-time homebuyer credit repayment. Attach Fo	orm 5405 if re	equired		60b			
	61	Health care: individual responsibility (see instruction	ons) Full-ye	ar coverage		61			
	62	Taxes from: <b>a</b> Form 8959 <b>b</b> Form 8960	0 c 🗌 Inst	ructions; enter code(s	)	62			
	63	Add lines 56 through 62. This is your total tax .			<u> •</u>	63		989.	
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and	1 1099	64	763.				
	65	2016 estimated tax payments and amount applied							
If you have a qualifying	<u>6</u> 6a	Earned income credit (EIC)	<b>NO</b> .	66a					
child, attach	b	Nontaxable combat pay election 66b							
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812.		67					
	68	American opportunity credit from Form 8863, line							
	69	Net premium tax credit. Attach Form 8962		69					
	70	Amount paid with request for extension to file		70					
	71	Excess social security and tier 1 RRTA tax withhe	eld	71		4			
	72	Credit for federal tax on fuels. Attach Form 4136.		72		4			
	73	Credits from Form: a 2439 b Reserved c 88	385 d	73					
	74	Add lines 64, 65, 66a, and 67 through 73. These a		. ,	<u> </u>	74		763.	
Refund	75	If line 74 is more than line 63, subtract line 63 from		•	· —	75		0.	
	76a	Amount of line 75 you want <b>refunded to you.</b> If F			_	76a		0.	
Direct deposit?	<b>▶</b> b	Routing number		c Type: ☐ Checking	Savings				
See instructions.	► d	Account number							
	77	Amount of line 75 you want applied to your 2017				+		006	
Amount	78 70	Amount you owe. Subtract line 74 from line 63.			uctions	78		226.	
You Owe Third Party	79	Estimated tax penalty (see instructions) you want to allow another person to discuss this re			12 <b>V</b> 22 C	omplete	holow	X No	
Designee	De	signee's Pho	one	into (see ilistractions)	)?  Yes. C Personal identif number (PIN)	ication	below.	X NO	
Sign	nar Und	rice in penalties of perjury, I declare that I have examined this return and accorrately list all amounts and sources of income I received during the tax yet		es and statements, and to the be	st of my knowledge an	d belief, the	y are true, correct,	and	
Here									
Joint return?	YOU	ur signature Da	Dayume	phone number					
See instr. Keep a copy	Spo	pouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation If					sent you an Ide	entity Protection	
Keep a copy for your records.	, Sp.	PI					IN, enter it		
	Pri	nt/Type preparer's name		Date		here (see PTIN	mior.)		
Paid		David W Collins 05/23/2024				P03013529			
Preparer							36-3654940		
Use Only		9301 Occop St #64 Phone no					<u> </u>		
	FIL	oltewah, TN 37363	3		(423	3) 482	2-9737		



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

Original document Submission Type: Account Number (Optional): 361569005RET01 Distribution Code Value: Normal distribution Distribution Code: Distribution Code Value: Not significant Distribution Code: Blank Tax Amount Undetermined Code: Not checked Total Distribution Code: Not checked First Year Roth Contribution: 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 \$9,892.00 Taxable Amount: \$0.00 Eligible Capital Gains: Amount to IRR: \$0.00

This Product Contains Sensitive Taxpayer Data