<u>• 1040</u>	U.S	Individual Inco	me 1	Tax Re	eturn ZU		MB No	. 1545-0074	IRS Use	e Only–Do i	not write or staple in th	nis space.
For the year Jan. 1-Dec.	31, 2017, 0	or other tax year beginning			, er	nding			S	See separ	ate instructions.	
Your first name and initial				Last name						Your social security number		
Charles			Man	Mantione						361-56-9005		
If a joint return, spouse's first name and initial			Last r	Last name						Spouse's social security number		
-												
Home address (numb	er and st	reet). If you have a P.O. box, se	ee instru	ctions.				Apt. no.		_	te sure the SSN(s)	
1016 Cher										an	d on line 6c are cor	rect.
•		and ZIP code. If you have a for	eign add	ress, also	complete spaces be	low (see i	instruct	ions).			ntial Election Cam	
Alcoa, TN		01		1			_				if you, or your spouse \$3 to go to this fund.	
Foreign country name	•			Foreign p	rovince/state/county		Fore	eign postal co	ode la		will not change your t	tax or
	-	_				. — .						ouse
Filing Status	1 [ш		,	•	, .	rson). (See instructi	,
g =	2 [Married filing jointly (eve			•		•			iia but not	your dependent, er	nter this
Check only one	3 [Married filing separately	/. Enter	spouse's \$	SSN above			name here.			.	
box.		and full name here.						ng widow(er))	
Exemptions	6a	Yourself. If someone		•	•					. }	Boxes checked on 6a and 6b	-1
	b	Spouse			· · · · · · · · · · · · · · · · · · ·	· · · ·				if child	No. of children	_1
	С	Dependents:		(2) Dependent's social security number			(3) Dependent's		under	age 17 ing for	on 6c who: lived with you	0
	(1) Firs	t name Last name			Social Security Ilui	child to		ax credit	did not live with			
If more than four	(1)1113	triaine Lastriaine							(see	instr.)	you due to divor or separation	ce O
dependents, see instructions and											(see instructions	s)
check here ▶									İ	=	Dependents on 6	6c 0
									Ì		not entered abov	/ <u>"</u>
	d	Total number of exemptio	ns claim	ned							Add numbers on lines above ▶	1
Incomo	7	Wages, salaries, tips, etc										
Income	8a	Taxable interest. Attach	Schedu	ıle B if req	uired					. 8a		
Attach Form(s)	b	Tax-exempt interest. Do	not in	clude on li	ne 8a	8b	<u> </u>					
W-2 here. Also	9a	Ordinary dividends. Attach Schedule B if required							. 9a			
attach Forms W-2G and	b	Qualified dividends										
1099-R if tax	10	Taxable refunds, credits, or offsets of state and local income taxes								. 10		
was withheld.	11	Alimony received										
If you did not	12	Business income or (loss	•							,		
get a W-2, see instructions.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ Other gains or (losses). Attach Form 4797								13		
see iristructions.	14	Other gains or (losses).	Attach F ۔ ا	orm 4797	· · · · · · · · · · · · · · · · · · ·					. 14		
	15a	IRA distributions									0	020
	16a	Pensions and annuities						nount			9,	<u>930.</u>
	17 18	Rental real estate, royaltic Farm income or (loss). A	′ '	' '		•						
	19	Unemployment compens										
	20a	Social security benefits						ount				
	21	Other income. List type a	-	•		D Taxo	ibic airi	ount		21		
	22	Combine the amounts in			nn for lines 7 throu	ah 21. T	his is	vour total ir	ncome		9.	930.
	23	Educator expenses									- ,	
Adjusted	24	Certain business expens	es of re	servists, p	erforming artists, a	and						
Gross		fee-basis government off	icials. A	ttach Forn	n 2106 or 2106-E2	Z . 24						
Income	25	Health savings account of	leductio	n. Attach I	Form 8889	25	<u> </u>					
	26	Moving expenses. Attach Form 3903										
	27	Deductible part of self-employment tax. Attach Schedule SE 27										
	28	Self-employed SEP, SIMPLE, and qualified plans										
	29	Self-employed health inst										
	30	Penalty on early withdraw		-								
	31a											
	32	IRA deduction										
	33	Student loan interest deduction										
	34 25						_					
	35 36	Domestic production acti					•			. 36		0.
	30 37	Add lines 23 through 35							37	Q (0. 930.	

Department of the Treasury-Internal Revenue Service

		if: U Spouse was born before January 2, 1953, Blind. J checked ▶ 39a 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b	7	
Standard	_	· · · · · · · · · · · · · · · · · · ·	_	- 0
Deduction [_ 40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		
for-	41	Subtract line 40 from line 38		
● People who check any	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions		<u> 50.</u>
box on line 39a or 39b or	43	Taxable income . Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	. 43	0.
who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	0.
claimed as a dependent,	45	Alternative minimum tax (see instructions). Attach Form 6251	. 45	
see instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	. 46	
• All others:	47	Add lines 44, 45, and 46	▶ 47	
Single or Married filing	48	Foreign tax credit. Attach Form 1116 if required		
separately,	49	Credit for child and dependent care expenses. Attach Form 2441 49		
\$6,350 Married filing	50	Education credits from Form 8863, line 19	\neg	
jointly or	51	Retirement savings contributions credit. Attach Form 8880 51	\neg	
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required	\neg	
\$12,700	53	Residential energy credits. Attach Form 5695	\neg	
Head of household,	54	Other credits from Form: a 3800 b 8801 c 54		
\$9,350	55	Add lines 48 through 54. These are your total credits	. 55	0.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0		0.
	57	Self-employment tax. Attach Schedule SE		<u> </u>
041	58	Unreported social security and Medicare tax from Form: a 4137 b 8919		
Other	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		93.
Taxes	60a	Household employment taxes from Schedule H		, .
	b 64	First-time homebuyer credit repayment. Attach Form 5405 if required		
	61	Health care: individual responsibility (see instructions) Full-year coverage		
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax		<u>93.</u>
Payments		Federal income tax withheld from Forms W-2 and 1099 64 762	<u></u>	
	<u>6</u> 5	2017 estimated tax payments and amount applied from 2016 return 65		
If you have a qualifying	<u>6</u> 6a	Earned income credit (EIC) NO 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 8 68	_	
	69	Net premium tax credit. Attach Form 8962		
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld		
	72	Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Form: a 2439b Reserved c 8885 d 73	\neg	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	▶ 74 76	62.
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	. 75	0.
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	0.
Direct deposit?	▶ b	Routing number C Type: Checking Savings		<u> </u>
See	▶ d	Account number		
instructions.	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78 23	31.
You Owe	79		70 23	у т.
Third Party			Commists halous	_
-	De	signee's Phone Personal ident	Complete below. X No)
Designee Cierro	na: Und			
Sign	acci	er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge a rately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all informati	tion of which preparer has any knowledge.	
Here Joint return?	Yo	ur signature Date Your occupation	Daytime phone number	
See instr.			<u> </u>	
Keep a copy for your	Sp	ouse's signature. If a joint return, both must sign. Date Spouse's occupation	If the IRS sent you an Identity Prote	ection
			here (see inst.)	
recórds.			LOTIN	
records.		nt/Type preparer's name Preparer's signature Date Check if	PTIN	
Paid		nt/Type preparer's name Preparer's signature Date Check if self-employed		
Paid Preparer	Da	avid W Collins 05/23/2024 self-employed	i	
Paid	<u>Da</u> Fir	avid W Collins 05/23/2024 self-employed	P03013529	



This Product Contains Sensitive Taxpayer Data

Wage and Income Transcript

Request Date: 05-17-2024
Response Date: 05-17-2024
Tracking Number: 105989182359

SSN Provided: 361-56-9005

Tax Period Requested: December, 2017

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: \$762.00 Total Employee Contributions: \$0.00 Unrealized Appreciation: \$0.00 Other Income: \$0.00 Gross Distribution: \$9,930.00 \$9,930.00 Taxable Amount: \$0.00 Eligible Capital Gains: Amount to IRR: \$0.00

This Product Contains Sensitive Taxpayer Data