

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, ending _____ See separate instructions.

Your first name and initial Charles	Last name Mantione	Your social security number 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. **1016 Cherry St** Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Alcoa, TN 37701**

Foreign country name	Foreign province/state/county	Foreign postal code
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Filing Status

Check only one box.

1 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) (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a } **Boxes checked on 6a and 6b 1**

b Spouse. } **No. of children on 6c who:**

c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instr.)	
(1) First name Last name				
			<input type="checkbox"/>	● lived with you 0
			<input type="checkbox"/>	● did not live with you due to divorce or separation (see instructions) 0
			<input type="checkbox"/>	Dependents on 6c not entered above 0
			<input type="checkbox"/>	Add numbers on lines above ▶ 1

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . ▶ <input type="checkbox"/>	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	b Taxable amount
16a Pensions and annuities	16a	b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	b Taxable amount
21 Other income. List type and amount	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	9,930.

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN ▶	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 through 35	36	0.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37	9,930.

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (9,930), 39a (Total boxes checked 0), 40 (6,350), 41 (3,580), 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, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 57, 58, 59 (993), 60a, 60b, 61, 62, 63 (993).

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include 64 (762), 65, 66a (NO), 66b, 67, 68, 69, 70, 71, 72, 73, 74 (762).

Refund

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

Direct deposit? See instructions.

Table with 2 columns: Line number and Amount. Rows include 77 (77), 78 (231).

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 78 (231), 79.

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.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

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: 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

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

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